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DR. WILLIAM J. TIFFANY, M. D., *Commissioner*

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FORECAST OF PATIENT POPULATION IN THE INSTITUTIONS OF THE NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE*

HORATIO M. POLLOCK, Ph.D.

The rôle of a forecaster is a difficult one. In ordinary times we are not able to peer very far into the future but in these troublous days dark clouds and fogs obscure our vision of what lies immediately ahead. However, by using experience as our guide, we can go forward a reasonable distance; and, as we progress, we can change our course as often as it becomes necessary.

In forecasting patient population, we have accurate statistical records of the past 50 years on which to base our calculations. If we could assume that the trend in patient population shown by the statistics would continue indefinitely, we could easily determine the probable patient population at any future day. Unfortunately, our problem is not so simple. Significant changes have occurred in the population of the State in recent years, and social customs and requirements have been greatly modified. It is held by some competent observers that there has been a serious decline in the intellectual level, in the morale and the ethical standards of the population. Changes such as these are not easily measured, but they undoubtedly have considerable effect on the incidence of mental disease.

Whatever may be the cause, our records show a remarkable increase during the past 20 years in the patients on the books of the State hospitals, State schools and Craig Colony. Such increase was in a measure forseen by the State executive and by officials in charge of the State hospitals and State schools.

Eighteen years ago, the people of this State, by approving a proposal for a $50,000,000 bond issue, to supply much-needed institutions and to safeguard existing buildings in which patients were housed, began to make provision for a great construction program. At that time, the resident patients in the civil State hospitals numbered 38,002, and the certified capacity of the hospitals was 30,721. The overcrowding was 7,281, or 19.2 per cent. The $50,000,000 proved inadequate, and additional bond issues followed. From July 1, 1923, to June 30, 1941, the State, with the aid of the Federal government, expended $145,694,465.90 for new construction and permanent improvements for the State hospitals. The certified capacity of the hospitals was more than doubled, being 30,721 in 1923, and 63,156 in 1941. The resident patient population increased even more rapidly than the certi-

*Read at the quarterly conference at Central Islip State Hospital, September 27, 1941.

fied capacity. The overcrowding on June 30, 1941, was 9,338. However, the percentage of overcrowding had slightly declined, being 14.8 per cent.

On January 1, 1927, the State Department of Mental Hygiene came into being. The State schools and Craig Colony for epileptics and the civil State hospitals were brought together in the new department. All of these institutions shared in the expansion program. New institutions built and put into operation included Harlem Valley State Hospital, Creedmoor State Hospital, Rockland State Hospital, Pilgrim State Hospital, the New York State Psychiatric Institute and Hospital, Syracuse Psychopathic Hospital and Wassaic State School. In addition, a new State school is being built at Willowbrook, Staten Island, and a new State hospital at Deer Park, Long Island.

The construction work for the State schools and Craig Colony since 1927 has cost $29,875,025.64. The capacity of the schools has increased from 3,958 to 11,718, and the resident patient population has risen from 5,541 to 13,683. The overcrowding on June 30, 1941, was 1,970, or 16.8 per cent.

The capacity of Craig Colony was increased from 1,422 in 1927 to 1,990 in 1940 and the number of resident patients rose from 1,530 to 2,364. The overcrowding on June 30, 1941, was 374, or 18.8 per cent.

The question now arises: Where do we go from here?

To assist in deriving a clear understanding of the problem before us, a map and some simple tables and charts* have been prepared. These show the trends in institution population in the State as a whole and in the several State hospital districts. From these trends, have been computed the probable patient population in the State hospitals, State schools and Craig Colony in 1950. The figures in the tables all relate to patients on books. No attempt was made to predict the number of paroles or patients in family or community care. Naturally, the greater the number of out-patients, the less will be the accommodations required in institutions.

Table 1 compares the percentage increase of general population of the State with that of patients on the books of the civil State hospitals in the several decades from 1890 to 1940. It will be noted that the percentage of increase of patients has been much greater than that of the general population during each decade from 1890 to 1940. The most striking difference is seen in the percentages of increase from 1930 to 1940; while the general population increased 6.3 per cent, the patients on the books of the State hospitals increased 51.4 per cent. During the total period of 50 years, the general population increased 122.9 per cent while the patients on the books of the hospitals increased 426.8 per cent.

*It was found the map and charts could not be reproduced conveniently.

TABLE 1. PERCENTAGES OF INCREASE OF GENERAL POPULATION OF THE STATE OF NEW YORK AND OF PATIENTS ON BOOKS OF CIVIL STATE HOPSITALS IN THE SEVERAL DECADES FROM 1890 TO 1940

Decade	Percentage of increase	
	General population	Patients on books of civil State hospitals
1890-1900	21.1	47.7
1900-1910	25.7	37.8
1910-1920	14.0	25.8
1920-1930	21.2	35.9
1930-1940	6.3	51.4
Total period	122.9	426.8

Table 2 gives a similar comparison of percentages of increase of the general population and of the patients on books of the State schools and Craig Colony. The percentages of increase in the State schools rose from 70.4 in the decade from 1890 to 1900 to 105.3 in the decade from 1920 to 1930. During the last decade, the increase of patients on the books of the State schools was 93.4 per cent. From 1890 to 1940, the percentage increase of patients on the books of the State schools was 2,172.5. In 1890, the patients numbered 770 and in 1940, 17,498.

TABLE 2. PERCENTAGES OF INCREASE OF GENERAL POPULATION OF THE STATE OF NEW YORK AND OF PATIENTS ON BOOKS OF STATE SCHOOLS AND CRAIG COLONY IN THE SEVERAL DECADES FROM 1890--1940

Decades	Percentage of increase		
	General population	Patients on books	
		State schools	Craig Colony
1890-1900	21.1	70.4	*
1900-1910	25.7	87.3	120.8
1910-1920	14.0	79.3	3.8
1920-1930	21.2	105.3	26.7
1930-1940	6.3	93.4	44.1
Total period	122.9	2,172.5	318.5

*Institution established in 1896.

Craig Colony was opened in 1896. Naturally, the institution received many patients during the succeeding 14 years. During the decade from 1910 to 1920, the increase of patients on the books of the Colony was only 3.8 per cent. In the next decade, the percentage mounted to 26.7 per cent and in the last decade to 44.1 per cent. Since 1900, the patients on the books of the Colony have increased 318.5 per cent.

Table 3 gives the absolute numbers from which the percentages in Tables 1 and 2 were calculated. To Table 3, the writer has added his estimates of the patients that will be on the books of the three classes of institutions on June 30, 1950. The estimates are based on the assumption that patients will be admitted during the coming decade as freely as in the past and that provision for all suitable patients will be made.

TABLE 3. PATIENTS ON BOOKS OF STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY, 1890, 1900, 1910, 1920, 1930, 1940 AND 1950 (EST.)

Year	State hospitals	State schools	Craig Colony
1890	14,952	770	*
1900	22,088	1,312	612
1910	30,445	2,457	1,351
1920	38,294	4,406	1,403
1930	52,030	9,046	1,777
1940	78,764	17,498	2,561
1950 (Est.)	110,270	31,496	3,585

*Institution opened in 1896.

Table 4 deals with the growth of hospital population in the several hospital districts. It will be noted that in nearly all of the districts a progressive increase of patients has occurred during successive decades from 1910

TABLE 4. GROWTH OF HOSPITAL POPULATION IN THE SEVERAL HOSPITAL DISTRICTS, 1910-1940

Hospital district	Increase 1910-1920		Increase 1920-1930		Increase 1930-1940	
	Number	Per cent	Number	Per cent	Number	Per cent
Binghamton	90	7.9	356	29.2	504	32.0
Buffalo and Gowanda	808	32.0	756	22.7	1,269	31.0
Harlem Valley and Hudson River	245	8.3	789	24.6	1,568	39.3
Marcy and Utica (including Onondaga County)	423	16.9	749	25.6	1,455	39.5
Middletown	149	17.5	184	18.4	271	11.8
Rochester	310	23.5	495	30.4	691	32.5
St. Lawrence (excludcluding Onondaga County)	172	19.4	139	13.2	383	32.0
Willard (excluding Onondaga County)	—154	—11.4	148	12.4	459	33.4
Metropolitan hospitals	6,543	40.1	9,936	44.0	19,872	61.2
All patients	7,849	25.8	13,736	35.9	26,734	51.4

to 1940. Take the Binghamton district for example. The patients from the counties constituting this district increased 7.9 per cent from 1910 to 1920; 29.2 per cent from 1920 to 1930, and 32.0 per cent from 1930 to 1940. The lowest rates of increase are noted in the Middletown State Homeopathic Hospital district which comprises the three counties of Orange, Sullivan and Ulster. This hospital, however, admits patients from all parts of the State. In the counties furnishing patients to the metropolitan hospitals, there was an increase of patients from 1910 to 1920 of 40.1 per cent; from 1920 to 1930, of 44.0 per cent; from 1930 to 1940, of 61.2 per cent. The increase in all patients during the decade from 1910 to 1920 was 25.8 per cent; from 1920 to 1930, 35.9 per cent and from 1930 to 1940, 51.4 per cent. The absolute numbers from which the percentages in Table 4 are calculated are shown in Table 5.

TABLE 5. PATIENTS ON BOOKS OF THE STATE HOSPITALS FROM THE SEVERAL STATE HOSPITAL DISTRICTS, 1910, 1920, 1930, 1940 AND 1950 (EST.)

Hospital districts	1910	1920	1930	1940	1950 (est.)
Binghamton	1,129	1,219	1,575	2,079	2,744
Buffalo and Gowanda (excluding Wyoming County)	2,458	3,256	3,994	5,323	7,094
Harlem Valley and Hudson River	2,959	3,204	3,993	5,561	7,746
Marcy and Utica (including Onondaga County).....	2,507	2,930	3,679	5,134	7,261
Middletown	853	1,002	1,186	1,457	1,790
Rochester (including Wyoming County)	1,319	1,629	2,124	2,815	3,720
St. Lawrence (excluding Onondaga County).....	887	1,059	1,198	1,581	2,087
Willard (excluding Onondaga County)	1,351	1,197	1,345	1,804	2,402
Total up-State	13,463	15,496	19,094	25,754	34,844
Metropolitan district (including Rockland County)...	16,017	22,560	32,496	52,368	84,417
All patients	29,480	38,056	51,590	78,122	119,261

In the total figures for 1940, the patients of the Psychiatric Institute, Syracuse Psychopathic Hospital and those not attached to any county are omitted.

In the map of the State, the writer has indicated the boundaries of the various hospital districts and has placed in red figures the patients of each county on June 30, 1930 and on June 30, 1940. It will be noted that there

was an increase of patients during the decade in each county excepting Yates in which the numbers for 1930 and 1940 were equal. In view of the fact that the general increase of the population of the State during the decade was only 6.3 per cent and that there was an actual decrease in population in 18 counties, the general increase of patients is remarkable.

If ample accommodations are provided and unless present trends change, the State Department of Mental Hygiene will have at least 46,000 more patients to care for in 1950 than it had on June 30, 1940. In the three classes of institutions, the patients will then number approximately 145,000. To provide adequate hospital accommodations for all these patients is out of the question. The patients for whom hospitals will not be provided may be placed on parole or in family care or kept under supervision in the community. It will also be possible to refuse admission to the institutions to all patients except those clearly in need of institution treatment.

We are dealing with a problem that is getting greater year by year. Thus far our preventive efforts and our curative methods of treatment have not sufficed to prevent the increase of patients demanding treatment. We indulge the hope that what we have done thus far is merely the beginning of a victorious campaign for the conquest of mental disorders.

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New York State Department of Mental Hygiene
Albany, N. Y.

PAROLE AS A FORM OF THERAPY IN SCHIZOPHRENIA*

BY G. M. DAVIDSON, M. D.

A commission was recently appointed by the Governor of the State to study the problem of retarding the rate of growth of the population of the State institutions. It is understood that a number of questions raised by the problem are already under investigation by the commission. Among these, are possible methods to shorten hospital residence and to parole more suitable cases.

In line with such an understanding, it occurred to the writer to call attention to the possibility of handling parole in schizophrenia as a form of therapy for that condition. Personal experience leads to the belief that if this recommendation—to consider parole as therapy for the largest of the groups of State hospital patients—could be accepted, it would lead to the shortening of hospital residences and, particularly, to an increase in paroles.

Before discussing this question, a few general remarks on parole seem in order. The fifty-first annual report of the New York State Department of Mental Hygiene shows that the percentage of patients on parole increased between 1910 and 1923 but decreased from 1924 to 1927. The trend rose again between 1928 and 1930, but a new decline set in from 1930 to 1933. In recent years, a new upward trend has been noted although the increase appears to be rather small. Another interesting point brought out by the annual report is the considerable variation in the rates of paroles of the various State hospitals. The exact causes of fluctuation and variation in the rate of parole are not known. No doubt, the causes are multiple, and relate to the types of patients admitted, and to social, economic and other factors.

Nevertheless, to face the problem squarely and without evasion, it would seem that very much depends upon the psychiatrist himself. It would seem fairly obvious that his attitude toward the problem will influence the parole rate, both directly and indirectly. In direct influence, it is to be noted that the psychiatrist is the one who selects patients for parole. Indirectly, he influences not only those immediately associated with him in his work (the promotion of paroles), but also the community, through personal contacts as well as through public education (the promotion of the socialization of patients on parole). For example, consider the attitude of the psychiatrist toward the problem of dementia præcox in general. In the past, it was hardly possible for him to consider a case of dementia præcox to be recovered. Then, there emerged the concept of schizophrenia. While the psychiatrist was still reluctant to consider his patient recovered, he was willing to do so under certain circumstances, even if he had to invent such

*Read at the interhospital conference at the New York State Psychiatric Institute and Hospital, April 17 and 18, 1941.

a term as "social recovery." At the present time, we seem to find recoveries in schizophrenias fairly easily. The same observation applies to handling paroles of such patients. A dogmatic attitude will result in few paroles, while a liberal view may increase the number considerably. Of no less importance, is the influence of the psychiatrist on the community by means of education. A community which believes in "locking up" its troubles is like an individual who refuses treatment for his difficulties. Both may pile up—by this way of action—a burden impossible to bear.

What, then, is understood by the term parole? A standard dictionary gives us its definition as a word of promise or a word of honor. It was apparently first applied to prisoners of war who would promise on their honor to fulfill conditions, such as not to take up arms against their captors, or to return to custody. The law uses parole as a procedure of conditional and revokable release from captivity. This is obviously the general conception of parole. The proposition, therefore, to handle the question of parole in schizophrenia as a form of therapy must appear, at first sight, rather strange. This is essentially due to the semantic implications of the word "parole." As Ogden and Richards say: "Homo . . . wove himself a noose of words," or as Stuart Chase appropriately calls semantics of terms, the "tyranny of words." However, it is hoped that in spite of this consideration, the following clinical material will demonstrate that parole as therapy merits consideration.

Clinical Material

Case 1

D. H. was admitted March 6, 1930. He was a man of 47, of mixed derivation. Born in this country, his early development was unknown. He had had a common school education and was an unskilled laborer. He was married at the age of 39; and the marital adjustment was said to have been satisfactory until a short time before his hospitalization. At that time, the patient's sexual demands increased, with resulting conflict. There were no children because of the wife's sterility. In 1929, D. H. fell down a flight of stairs, lost consciousness and required hospital care for a few days. He was intemperate in the use of alcohol, and the reason given was unemployment. The man was described as a seclusive person having no friends and preferring to stay at home. His intelligence was average. The psychosis was of acute onset. Shortly before admission, D. H. began to believe that people were "after" him, attempting to shoot him. He tried to jump out of a window, and later left home, wandering in the streets until he was picked up and taken to the city psychiatric hospital, and subsequently sent to Manhattan State Hospital.

At the State hospital, he was found to be in good physical condition. Serology and other routine laboratory tests were reported negative. Mentally, he was described as depressive, complaining of his wife's infidelity. The man was certain he was being persecuted and admitted auditory hallucinations of persecutory character. His sensorium was clear. Later, he was observed to be seclusive and preoccupied and to entertain the same ideas. The patient mistreated his wife upon her visits. D. H. adjusted on the occupational level, however, and was brought up for consideration of parole in June, 1932. Staff comments were to the effect that the patient carried a strong paranoid trend, that he was dangerous to be at large, and that his wife was afraid of him. Parole was disapproved. The man continued in about the same condition. He was again presented for parole in July, 1936. Staff comments were to the effect that the patient was extremely seclusive, was paranoid toward his wife, and that one was bound to have some doubt as to the outcome. On the whole, while he was given a trial of parole to his own custody, considerable reserve was expressed as to prognosis. However, the man got along very well on parole, did not annoy his wife and did not drink. While he required home relief, he was able to find work occasionally. He was discharged in July, 1937, and has required no further hospital care.

Comment. This patient was hospitalized because of an acute panic which was followed by a paranoid trend against his wife. He spent some six years in the hospital and, for the greater part of his residence, could not be reasoned with, believing in the reality of his experiences. While the patient never did give up his trend, it was possible to make him modify his attitude toward society, after having him understand that it was not the hospital's purpose to injure his self-respect and that the hospital's duty was to safeguard the community of which his wife was a member.

Case 2

J. M. was admitted September 30, 1920. He was 29, of mixed extraction. Born in the United States, his early life unknown, he had had a common school education, had become an elevator operator and was considered efficient. He was married at 26 and had two children and the marital adjustment was reported as satisfactory. There was no history of diseases or injuries. The man used an occasional glass of beer. He was described as seclusive and reticent, and of average intelligence. The psychosis was gradual in onset and of eight months duration. He began to complain that boys called him a fool, that people on the street looked at him and passed remarks about him, began to sit at home and brood. He later elaborated that the whole world was again him.

In Manhattan State Hospital, J. M. was found to be in good physical condition. Routine laboratory tests were negative. He was described as being seclusive and evidencing quite a florid mental content, such as the hearing of voices, having ideas of reference and persecution, and having feelings of electricity. The sensorium was clear. This man was presented for parole in January, 1922, because of some improvement he had shown, and he was paroled. In May of the same year, he had to be returned because he became violent. He again was hallucinated and expressed many delusional ideas. Apparently, he did not change much during his subsequent residence, with regard to his mental content, but he adjusted well on the industrial level. J. M. was presented for consideration of parole in August, 1936. Staff comments were to the effect that the case was rather a gamble and that the prognosis was poor. However, the man was paroled and got along extremely well at home. At the time of his discharge in August, 1937, he was earning $56 a month on a WPA job. He required no further hospitalization.

Comment. This man was mentally ill for some 17 years and spent most of this time in the hospital. While he retained his trend, he was also amenable to modification of his attitude toward the outside world. A favorable point regarding parole was the continuous interest that his wife showed toward him.

Case 3

M. B. was readmitted February 14, 1938. He was a man of 47, Jewish, born in Poland. His early development was unknown. M. B. came to the United States as a boy, attended common school and learned the trade of a tailor. He was considered efficient in his work. His sex life was unknown, except that he had no contacts with the opposite sex. The man liked, however, to "talk" about getting married. Any history of diseases, injuries and toxic influences was denied. He was described as a good-natured but seclusive man of average intelligence. He had a psychosis, sudden in onset and of three months duration, prior to his first admission, which was to Central Islip State Hospital in April, 1926. He expressed ideas that people were against him and that X-ray machines were working on him. He got along well in the hospital, was paroled in July, 1926, and discharged in January, 1928. His conduct in the interval of 10 years before his readmission was unknown, except that the man was self-supporting. The reason for his readmission was the fact that he had presented himself to a city hospital asking for help for some ailment. He could not be understood and was taken to the city psychiatric hospital and subsequently to Manhattan.

In Manhattan, the patient was found to be in good physical condition. Serology and other laboratory tests were negative. He was described as

cooperative, extremely scattered, irrelevant and incoherent. He spoke mainly about himself and his abilities. The sensorium was clear. He adjusted well and was presented for parole in June, 1938. Staff comments were to the effect that it would seem impossible to return such a scattered man to the community, that he might prove dangerous, that he was delusional, and that he had no appreciation of his condition. However, he was released on the grounds that he got along well before. He did well on parole. The social worker summed up her discharge visit thus: "He is most fortunate to have understanding people to employ him. His work is of high character, he makes $18 per week. His employer said: 'He does his work well. We understand him, but you know he is very crazy but harmless.'" He required no further hospital care.

Comment. This man was mentally ill some 18 years; he had had a short hospital residence in the past and was rehospitalized because of a minor difficulty. He evidenced extreme dissociation of affect and ideas. In spite of that, he was able to maintain a trend regarding himself which allowed him to remain self-supporting with the help of understanding people. He was paroled to his own custody and required no further hospitalization.

Case 4

M. H. was readmitted April 6, 1922. She was a woman of 36, of mixed extraction. Her early development was unknown. She had attended common school, then gone into domestic service. At the age of 20, she met her husband and took up common-law relations with him. They had one child. The marital adjustment was not good. The woman had a grievance that the man did not take steps to marry her legally (he was separated from his wedded wife). Any history of diseases, injuries and toxic influences was denied. Her psychosis was of gradual onset and of nine years duration prior to her readmission. It followed an induced abortion, when she began to express delusional ideas. She had had two hospital residences—in a State hospital and a private sanatorium. While she did not recover, she was able to stay at home for some time.

In Manhattan, M. H. was found to be in good physical condition. She was described as rather delusional and paranoid, especially toward her husband. She was emotionally "rigid" and had no appreciation of her condition. The sensorium was clear. Her condition remained unchanged. During her residence, M. H. underwent operations for hemorrhoids, cystocele and suspension of the uterus. She was presented for parole in June, 1932. Though she retained her trend against her husband, she received a trial on parole and was placed in a religious home. She was discharged in April, 1934.

Comment: This patient was ill for some 20 years prior to parole; and had had a continuous hospital residence for some 10 years. She was noted always as paranoid and delusional but could be approached—regarding modification of her attitude toward the community in exchange for freedom. She apparently was able to live up to the bargain. While she continued her trend against her husband, she took interest in her child, was self-supporting and remained in her own custody.

Case 5

V. B. was admitted January 14, 1935. She was 42, Jewish, born in Russia, had come to the United States as a child and had received a fairly good education. She was never employed outside her home. Her sex life was unknown, except for the fact that she had no contacts with the opposite sex. She had had "ideas" of marrying but would turn down her suitors for one reason or another. V. B. had had an operation for fistula in 1915 and had had Bells' palsy in 1928. She was described as a seclusive person, attached to her mother, and of average intelligence. Her psychosis was gradual in onset and of some 18 years duration. After her operation, V. B. began to elaborate the theme that people talked about her having performed an illegal operation. As time passed, she involved more and more persons as being "against" her, and she began to write letters of complaint to high officials, soliciting protection. She was known to the Manhattan State parole clinic from 1930 to 1933 because of these letters. She would visit the clinic regularly, always making the same complaints. Finally, after she had annoyed the Mayor, it became necessary to hospitalize her.

In the hospital, the patient was found to be in good physical condition. She showed a mental content essentially of the character noted. V. B. was first presented for parole in November, 1936. She was turned down with comments by the staff to the effect that such a patient could get along only in an institution. She was presented twice more with the same result, as the staff considered her not quite safe, and noted that she had no insight. Finally, upon a fourth presentation in October, 1937, her parole was approved, with a notation that the patient "undoubtedly benefited by her hospital residence." She was discharged in October, 1938, with the note that she had made a remarkably good adjustment.

Comment. This patient was ill for some 18 years before hospitalization and spent a considerable time in the hospital. In spite of the obviously poor prognosis, she made a good adjustment. It is of interest that the patient could not be influenced by clinic attendance, but was definitely benefited by hospitalization. In the hospital, the acute longing for freedom was a fruitful basis to work upon. The woman was able to modify to some ex-

tent her exaggerated sense of righteousness which made her originally a nuisance in the community.

Case 6

M. J. was admitted May 31, 1924. This woman of 49, born in Scotland, had come to the United States when young. She had attended common school, later working in a department store. She was married at the age of 30; and the marital adjustment was not good. The menstrual history was negative; and the menopause had taken place some four years before her admission. Any history of diseases, injuries and toxic influences was denied. She was described as a seclusive, irritable, "high-strung" and sensitive person of average intelligence. M. J.'s psychosis was of gradual onset and of three years duration. She became suspicious of people, thought that she was being followed by detectives, and that people talked about her. She made a suicidal gesture and had auditory and visual hallucinations.

In the hospital, the patient was found to be in good physical condition. She was described as seclusive and showing a mental content of the character noted. She expressed a trend against her husband all through her residence, at times refusing to see him upon his visits. Shortly before her parole in September, 1940, it was possible to approach her on the modification of this attitude toward the husband. Staff comments upon her presentation for parole were to the effect that the patient had spent too much time in a hospital to be able to get along on the outside and that the prognosis was poor. However, she adjusted very well.

Comment. This patient spent some 16 years in a hospital. She maintained all through residence a trend against her husband, refusing at times to see him. After discussion regarding the matter of release on the lines mentioned, she began to rationalize her past conduct and finally expressed a desire to leave the hospital. It is possible that among things which helped her to modify her attitude toward her husband was the fact that he became sexually impotent. Here again, a favorable point was the attitude of the husband who kept up his contacts with the patient all through the years.

Summary

Six patients with schizophrenia of the paranoid variety have been presented to demonstrate the possibility of their successful socialization after handling their paroles as a form of therapy. They have stayed out for several years without requiring hospital care.

Paranoid patients who do not respond to other forms of therapy are believed to be especially good subjects for the proposed procedure. Even if they should slump, as Case 3 did, it is possible to work with them, because, upon closer evaluation of symptoms it can be seen that they still maintain

trends but in a different form, that is, transferring the trend to the "self." We must bear in mind that a trend is vital for such a patient, his only support for getting along. It is a biologically rooted mechanism of the system of defense of the total personality. Therefore, a trend cannot respond to an appeal to reason. Proper treatment is not to divorce the patient from his trend but to help him to modify his application of it, while allowing him the comfort of having it. As has been demonstrated, the patient is very often able to "grasp the situation," even if he has no real insight.

Long duration of psychosis and of hospital residence is no obstacle to this therapy of modifying application of a trend, nor is it an objection to parole. Some patients reported here had residences up to 16 years. While it is true that the outlook in such cases is generally not good, this observation is not fully applicable to any single case. This is one reason why the psychiatrist should not prognosticate unfavorably in all such cases. Another reason, of course, is the fact that a gloomy outlook could never help the patient. Moreover, it would prevent acceptance of parole as therapy. While each patient must be judged on his or her own merits, there is one type with whom extreme caution on parole is warranted. This is the type who projects his difficulties into the infinite. Such a patient may prove dangerous, since he may without warning project his conflict in an anti-social act as if ordained by God. Needless to say, it is the duty of the psychiatrist to evaluate not only these potentialities but all the potentialities a patient may have with regard to anti-social behavior. However, overindulgence in psychological interpretation may prevent the psychiatrist at times from seeing the woods for the trees.

Among other measures to promote paroles, it is seen to be necessary to maintain emotional ties between the patient and his family and friends. While one should not give too encouraging information to relatives of a patient regarding the outcome of his disease, it is absolutely essential for preservation of their interest in him to point out that, even if he should not recover, he may return to the family and be useful in some way.

Another measure concerns preparole investigation by the social workers. Very often, information is collected without verification and without evaluation of the reliability of the informant. Such information, if of a damaging character, may handicap the staff in recommending and the superintendent in approving a parole. We know from the psychopathology of everyday life how often a witness may unintentionally give wrong information (a witness who sees and hears what he likes to). As an example, when the writer was trying to verify the statement of a patient's wife regarding his alleged anti-social behavior, the wife challenged the writer's attitude of doubt by remarking: "This is what a crazy man would do?"

Still another measure refers to the semantics of "parole." Considering the "tyranny of words," it would seem necessary to change terms relating to a problem, along with changes in the conception of the problem. As our views regarding mental illness have changed, so ought we also to change our attitude toward parole. Very often the patients and their friends object to the term "parole," because it is associated by them with a criminal procedure. The word must also have its influences on the psychiatrist. The writer would, therefore, suggest that the word "parole" be dropped from our records, as well as from thought. He would propose to substitute the word "release" for the word "parole." For instance, a patient would be "released" from the hospital not "paroled." A patient would be presented for "consideration of release" and not for "consideration of parole." A patient in the hospital ought to be called a "hospital patient," a patient on parole ought to be called a "clinic patient." Hospitals which maintain a "parole service" ought to rename it "mental hygiene service." A "parole clinic" ought to be known as a "mental hygiene clinic." Of course, other suggestions are welcome here.

Finally, considering the variation of rates of parole of various State hospitals, the writer would suggest that a collective study be made of this problem, in order to establish, if possible, the causes for the higher or lower rates. One interested member of the staff of each State hospital could participate in the working out of such a plan, as well as in its follow-up.

Manhattan State Hospital
Ward's Island, N. Y.

EXPERIENCES IN FAMILY CARE AT HUDSON RIVER STATE HOSPITAL

BY MARGARET J. KOHLER

Family care in the State of New York has caused widespread interest. The fact that the number of patients cared for under this plan has steadily increased at both State hospitals and State schools is proof of its value and of the opportunity which it offers in adjusting and planning better for a large number of patients. In many instances, it is the only means of helping patients, who have no relatives or interested friends, but whose mental conditions warrant a trial outside the confines of an institution.

There are, of course, variations in the development of the project within each hospital, in respect to individual methods and needs. This paper is confined to the methods which apply to the development of family care at the Hudson River State Hospital.

Much has been learned since July 1, 1935, when it was announced that a sum of money was available to pay board for suitable patients at a rate not to exceed $4 a week. According to maintenance statistics for relief budgets at that time, it cost $4.63 a week to care for one person. Even if each had a maximum of six patients, it was realized that the caretakers would be unable to do more than break even financially.

And so, with great care, a start was made at feeling the way. Realizing the splendid cooperation that existed with local social agencies, the social service department discussed this project with the director of what was then the Dutchess County Emergency Relief Bureau. The social service department had in mind that there might be found resources of two different types. First, there might be applicants who had been eager to board either children or old age assistance recipients and whose homes were entirely satisfactory, but for one technical reason or another not acceptable for those types of boarders. Second, it was felt that there were usually homes, where the incomes were marginal, which might be entirely satisfactory and which would remain stable if they had some means of supplementing the existing incomes. Homes in this latter group proved to be the nucleus around which the first placements began. The State hospital social worker accompanied the investigator from the Emergency Relief Bureau to visit the first interested applicant. She was a widow who lived in the village of Staatsburgh, only 10 miles from the hospital. She owned her property but needed a means of livelihood to retain it. She also had the care of and financial responsibility for her brother's daughter, then about 10 years of age. There was a garden both for vegetables and flowers, there were chicken houses and a nice lawn. Her only means of support was doing laundry work for an

estate and caring for a relief recipient who lived with her. It was found that she had had a background of experience which was, without a doubt, invaluable. Her son was a sloyd teacher at the Anderson School; and through his conversation, she had gained some little understanding of behavior problems and, above all, had no fear of the mentally ill. To insure a firm foundation for the family care program, the first patients were chosen with great care. All patients are, of course, accompanied by the social worker to their new homes. Only one patient is placed at a time, thus giving the caretaker an opportunity to become acquainted with him before another is placed. This policy has, without a doubt, played a large part in the successful results obtained in this project. A boy of 14, a post-encephalitic case, was the first patient to leave the hospital. He had been unable since the age of eight to make an adjustment in his home; but it was found that this foster environment was very much worth while. The boy even attended the local school beginning in the sixth grade, and his marks averaged about 85 per cent. The second choice was a petite old lady, the widow of a prominent New York City physician, who, because of the pain caused by a kidney condition, had become addicted to the use of drugs. She soon found her place in this home as "Grandma." A paranoid condition was the diagnosis of the next member of this new family. This woman was partially blind but able to get about by herself very capably.

Of the first few patients placed, many were individuals who had no one to take them from the hospital.

Because there seemed to be difficulties preventing a community adjustment, they had been retained for many years—some for as many as 35 or 40. They all had a "trend" or two, or some set ideas; but they were glad to be out of the hospital. What happened to the first four women placed on family care in 1935 may be of interest. "Grandma" was finally placed on old age assistance, and about one and one-half years ago, word was received of her sudden death. She had remained in Dutchess County, and her pension was a matter of reimbursement from Westchester County, her legal residence. The blind patient is still living in the village of Staatsburgh and is on old age assistance. She has been discharged from parole for over three years. The third woman was also discharged about two years ago. She is supported by old age assistance and is still in Dutchess County, with reimbursement coming from the city of Troy. The fourth patient, a member of the famous Jukes family, is still living in the home in Staatsburgh where she was placed on family care, but she is self-supporting through domestic work in the village. Her place in this home is no doubt permanent. There have been many other patients placed since these first four women left the hospital. Needless to say, the same home is still being used. It has

proved to be excellent for young girls who are unstable mental defectives, psychopaths or dementia præcox cases.

It may be pointed out that, in the beginning of this project, both male and female patients were occasionally placed in the same home. About three years ago, the Department of Mental Hygiene made a ruling forbidding this practice. Problems had arisen which necessitated the regulation. The writer feels, however, that if careful planning and sound judgment is used, there is a place for "coeducation" in family care. There are both male and female patients who adjust better where they are the center of attention and not encumbered by other placements of their own sex. In homes where there are four or five male patients, there are very definite places for a woman patient. She is helpful with domestic tasks and gains satisfaction from holding first place in the eyes of the caretaker. Wherever such arrangements had already been established, no changes were made until October, 1939, when family care was temporarily discontinued.

Hudson River's second family care home was referred to the hospital by the same social agency which referred the first. This family was interested in male patients. The place was situated about 20 miles from the hospital in a rural section. Strange as it might seem, the caretaker had learned by means of the grapevine, that the first home had caused no difficulty in its community, since none of the patients had shown anti-social behavior or caused any disturbance. It seemed likely that such facts had been the determining factor in the new applicant's decision to take patients. Her husband worked on the highway in the summer, but the family income was curtailed in the winter. One son was paid, on a barter basis, in milk, eggs and butter for his services on an adjacent farm, and the other son attended school. There were a few hens to be taken care of and a woodbox to be kept filled; and in the summer a very good garden needed cultivating. All these jobs offered possible occupation for the men. The first placement was a man diagnosed as manic-depressive, depressed. He adjusted very well and became a member of the family. At times he was somewhat disturbed, but he remained in this home until he was brought back about three years ago for a typhoid checkup. At this time, he was found to have diabetes, so it was necessary for him to remain in the hospital for the administration of insulin. A father and his son were next to find their places in this household; and this home is still being used. The family has moved four times, with special consideration each time for the bettering of the conditions under which the patients would live. Good meals—in fact, hot biscuits, bacon and eggs for breakfast, home-made pies, puddings, cake and bread—seem to add much to the contentment of the patients, and on the writer's last visit to this home the caretaker confided: "I like my work and I never go out anywhere

much, just stay here and do for the men." One man played the harmonica, another the "clappers" and a third whistled. The fourth, a deteriorated general paretic, had a favorite record on the victrola which he played as his share in the entertainment.

In the spring of 1936, there were several other homes opened, including one for colored patients. Applications came to the hospital either through referrals as already described, or through letters. At no time, was it necessary to seek additional caretakers or referrals from the community. It is interesting that in Hudson River's district the demand for male patients has always exceeded the demand for female patients. Statistics from other institutions indicate the reverse. Placements have been confined to a district not too distant from the hospital, although there have been applications from persons living as much as 50 miles away in Montgomery, Washington and Rensselaer counties. Only once, was a home used outside the boundaries of Dutchess County. This was a rambling old farmhouse, picturesquely situated on the Pittsfield highway near New Lebanon, N. Y. It was used from November, 1938, to September, 1940, when the last patient, who had been receiving old age assistance following family care, was discharged from parole.

It was not always easy to find patients who were both suitable and willing to leave the institution. In fact, throughout the entire duration of this project in this hospital, there has always been shortage of approved patients for available homes. Every inch of family care progress has had to be sold to the staff, as well as to many of the desirable patients who have become thoroughly institutionalized. Several such women whom the writer interviewed—and all patients are interviewed and evaluated carefully by the social worker before a placement is assigned—expressed many thanks for the interest shown in them, but said they felt that their treatment in the hospital was satisfactory and that they had no guaranty of what a new situation might offer. One of the first placements—the partially blind woman—proved to be most helpful in solving this problem. All her life, she had wanted a red dress. A cousin died, and her entire wardrobe trunk of clothing was sent to the patient. In this trunk was a red dress. There was no more responsive audience than the "girls on the ward," so she asked if she might come back and pay them an afternoon call. So radiant was her report of food, privileges, etc., that it was possible to place promptly several patients who had refused to consider family care before.

As time went on, it was realized that family care patients very much missed the hospital dance on Monday and the movies on Thursday. Also, there were some who attended church regularly. The church was just around the corner at the hospital, and there was no need to have money

for a collection, for there was no collection. To meet the movie situation it was arranged for the hospital transfer car, a seven-passenger vehicle, to call for the women, bring them from Staatsburgh to the hospital, and return them after the theater. Mrs. Asterbilt herself never looked more luxurious than did these patients on the way to their semi-monthly movies. This method was satisfactory when there were only a dozen patients in family care, but the numbers increased, and so did the demand for the hospital car.

Another problem arose when it was found that caretakers would single out a patient or two who would receive bits of cash for spending money or small gifts of such things as candy, cosmetics and cigarettes. Then this favored one would do something untoward, and the caretaker would say, "Didn't I give you this or that?" Such practices not only would make the patient "feel bad," but the unfavored patients felt neglected, and friction and dissension developed. The hospital supplied tobacco in the first few years of family care. Some liked it so well that they even bought the brand when the policy was changed and the hospital no longer supplied it. Other patients, however, wished for better brands and for cigarettes, not tobacco.

Therefore, when the Legislature decided to raise the weekly boarding rate from $4 to $6 in July, 1937, it was felt that this was an excellent opportunity to meet two problems by inaugurating a new system, giving of allowances. Hudson River State Hospital was the first to use this plan. The steward was a conscientious objector to it, but the writer is glad to say that there were no undesirable results. The original plan is still in use—having the caretakers give 50 cents weekly to each patient, except when a patient's family is able to furnish spending money. In such cases, no allowance is made from State funds for the individual. The patients have all been much happier, for they can spend allowances according to their needs, whether they buy silk underwear or satisfy a sweet tooth. In the cases of the more deteriorated patients, who do not have judgment enough to spend 50 cents a week wisely, the caretakers discover what they like—hard candy, for example, or special brands of smoking or of chewing tobacco—and the allowance is spent by the caretaker for the patient. Some may wonder how there can be certainty about this. A careful check is kept, and the homes are also known rather well. Patients also are quick to inform the social worker if their allowances are neglected. Both caretakers and patients have been better satisfied with this allowance system; and it seems certain it was a step in the right direction, inasmuch as petty jealousies have disappeared.

After the rate was increased from $4 to $6, it was impossible not to be conscious of the higher standard of living maintained by new applicants.

On the whole, the caliber of homes has continued noticeably better than during the first two years. No specific standards have ever been stipulated. If a home did not have every convenience, its relative merits were decided on the basis of the personalities and amounts of understanding manifested by the individuals living in it. Different classes of patients demand different levels of living. Chintz curtains, table linen and such appointments mean much to the more fastidious patient, while the poorer patient and the more psychotic are not concerned with such furnishings. Sometimes a patient's adjustment is threatened if he is placed outside the pale of his former level of living.

Experience before 1937 had taught, too, that different amounts should be paid for different patients. A patient who performed a duty for the caretaker which would otherwise have had to be done by hired labor, was more valuable than an idle patient and therefore not a $6 patient. Rates varied accordingly, and sometimes there were several rates in one home. Caretakers recognized the logic in these regulations, and, of course, the steward was appreciative of such conservation of funds.

From 1935 to October, 1939, when family care was temporarily discontinued because of lack of funds, 24 homes had been used, 12 of which were still active on the latter date. The hospital is still using 10 of these original homes. Only three homes were closed because the hospital was not satisfied with care given the patients. At the present time, 30 homes are in use, and it is planned to open at least five more, which have already been approved, as soon as there are patients to fill them. Patients vary from one in a home to the maximum of six. Very few have only one, for most caretakers must break even financially, and this is impossible with only one boarder.

Just about the same time that the Legislature increased rates, the Mental Hygiene Department—having been aware for some time of the problem raised by the clothing of patients in conspicuous state garments—was able to issue releases. Releases made it possible to purchase necessary garments on the open market rather than taking them from the hospital stock. The women patients were pleased and proud to know that, from that time on, their dresses, shoes and hose would not advertise from whence they came. They enjoyed the shopping expeditions, too. By the careful purchasing of dresses below the stipulated figure of $2.98, it was also possible to slip in foundation garments when they were needed. The men also had problems with clothing. It seemed that the old custom of inspecting nightly the contents of patients' pockets made it essential that the number of pockets be reduced to a minimum. The writer's first complaint came from a male patient, who had found himself minus about five of the stipulated 13 pockets

in a regular man's' suit. The tailor agreed to make suits to measurement and to reinstate the five pockets for the family care men. Later a group of "boughten" suits were allocated to these patients, and some of them fairly shouted with pride at such innovations.

It is realized that statistics may be dull, but still they speak volumes. From July 1, 1935, until October 1, 1939, the date when family care was abandoned temporarily, due to lack of funds, 119 male and 65 female patients had left the hospital in family care. For the year ending June 30, 1941, there were 67 men and 44 women, totaling 111, in family care. During this fiscal year, only 30 patients were returned to the institution, 14 men and 16 women. The total number returned to the hospital since the beginning of this project is 214, 133 males and 81 females. For statistical purposes every patient is listed as "returned" on the census no matter what category he may later fall into:—e. g., parole, escape, etc. Table 1 indicates the reasons for their "return."

TABLE 1. RETURN OF FAMILY CARE PATIENTS

	Male	Female
Physical illness	18	8
Mental condition	29	29
Dissatisfied	6	4
Escape	8	1
Paroled	37	29
Homes closed	8	3
Family care discontinued	23	6
Typhoid checkup	3	0
Discharged outright	1	0
Died	0	1
	133	81

A number of these returned patients have been sent out again (Table 2).

TABLE 2. NUMBER OF TIMES PATIENTS HAVE BEEN OUT

	Male	Female
Once	87	39
Twice	11	10
Three times	3	2
Four times	1	1
	102	52

In the beginning of family care, few, if any, at Hudson River State Hospital realized the therapeutic value it might serve in preparing patients for parole. A very rigid rule of putting only patients in need of custodial care in the category of family placement has been observed at Hudson River. When these patients improve and plans can be made, they are trans-

ferred to parole and are eventually discharged. In some few cases, relatives, doubting a patient's ability to adjust, saw him improve and make an adjustment in a boarding home. They were then convinced that the patient would do likewise in his own home. Thus, they eventually assumed responsibility for, and seemed to have a better understanding of, the patient. With the lessening of financial stresses and the increase of new interests, changes of a positive nature also could be seen occurring in the caretakers. Many have assimilated the information given them relative to patients, and are frank to admit that they can now handle their own problems with better judgment. Therefore, it is felt that family care has not only acted as a stepping-stone to parole for the patient but has made better adjusted caretakers as well.

The social service department at Hudson River is proud of the table which indicates the reasons for parole (Table 3).

TABLE 3. REASONS FOR PAROLE OF FAMILY CARE PATIENTS

	Male	Female
Obtained employment	10	5
Old age assistance	3	11
Relief	2	2
To own family	16	7
Boarded without charge	4	2
By escape	2	2
	37	29
Grand total	66	

Sometimes it took large amounts of patience to wait for the local old age assistance officials to establish settlement in the county of the patient's legal residence. In one instance, the commissioner of Greene County refused to authorize old age assistance. After the patient wrote to the Governor to ask for a fair hearing, it was finally possible to make the commissioner realize that this patient was a just charge, and he saw his way clear to approve the authorization. Our patient has been enjoying his monthly old age assistance ever since and is now discharged.

Table 4 indicates the diagnostic grouping of all patients placed in family care until July 1, 1941.

There are many cases, which would be of interest. The majority are success stories, such as that of the male patient who had not spoken for 12 years and now talks enough to express his needs. It would be impossible to say who was more pleased, the patient or the caretaker, when the patient formulated his first question. But on the other hand, there is the story of the patient who overturned the breakfast table in a fit of temper because

she had to wait 20 minutes to get into the bathroom. And there is the one about the woman who knew she had been so disturbed that she was going to be returned to the hospital. Just before the hospital car called for her, she decided to leave something to be remembered by, so she cut up the bedding, including the mattress, and then broke the bed as well as a chair.

TABLE 4. DIAGNOSES OF PATIENTS IN FAMILY CARE

	Male	Female
Dementia præcox	69	48
With cerebral arteriosclerosis	31	9
With mental deficiency	9	8
Senile	11	3
Manic-depressive	9	10
Paranoia and paranoid condition	6	10
Alcoholic psychoses	9	0
General paresis	9	4
With psychopathic personality	5	1
With convulsive disorders	6	2
Traumatic	4	0
With other disturbances of circulation	1	1
Psychoneuroses	1	7
With epidemic encephalitis	1	1
Involutional	3	1
Due to drugs and other exogenous poisons	1	2
With organic changes of the central nervous system	1	0
Juvenile paresis	1	0
	177	107
Grand total	284	

It would be fitting to close by quoting a letter from a patient who had stolidly refused family care until three months ago. He is a physician, diagnosed involutional melancholia, who was admitted in 1922.

"Dear Mrs. Jones: I was called up from the OT class about ten o'clock on Jan. 23rd and at 3 in the afternoon reached this place located two miles from Germantown and one-quarter mile to the Hudson River. The house is in the fork of two roads surrounded with 17 evergreen trees, seven of them and two horse chestnut trees in the front yard facing the south. The view of the Hudson River and Catskill Mountains beyond is so striking that it seems to verify the statement that the scenery along the Hudson equals that of any abroad. The house has seven rooms, a large hall and bathroom. The rooms are large and the house is lit by electricity, heated by an oil burner in the cellar with hot and cold water on tap and cooking done with

an oil stove. The house is ninety years old. There are 32 acres in the place with 50 Kieffer pear trees needing trimming and 150 apple trees that need attention. Miss Smith, one of the owners, a nurse retired, one time at Bloomingdale with Dr. Cheney, is in charge while another nurse, a partner in ownership is at the Northport Hospital and spends five days a month here. A child, less than three years old, who has discovered perpetual motion and is temporarily here, and four men are the occupants besides the cat. My daily routine keeps me busy from the time it is light enough to see to get around 'till 8 o'clock p. m. when I go to bed. Am out doors most of the time weather permitting. I take care of the chickens and ten pair of pigeons which takes only about a half hour daily. Have an incubator heating up for which I am saving eggs to hatch. Had a present of a Columbia frame for rug hooking and embroidery. It is very light and can be easily carried, so constructed that a rug of any length and three feet wide can be made as it will take burlap forty inches wide. One could be made for the OT of waste material. A braid weave frame can also be made to fit the standard. I have gained in weight from 115 lbs. to over 120 lbs., have increased appetite and take plenty of time as Miss Smith likes to visit, has a keen sense of humor and is in no hurry to finish the meal. The problem here is to make the abandoned farm land and empty out buildings profitable, in which Miss Smith is intelligently interested having been brought up she says on a milk stool and milked cows daily on her father's farm.

"The first week here I explored the country round for a radius of two miles. A trip to Hudson once or twice a week can be had. The other men have gone with her there on her trips to do her shopping. I haven't gone as I prefer to stay here with the little girl. I hope you are well and things are going smoothly.

"With best wishes, Sincerely . . . "

This letter expresses the feeling of satisfaction which many of the patients have voiced. Those who administer the project of family care realize the details involved, and evidence of this nature, makes them realize, more and more, its intrinsic value to the individual patient.

Hudson River State Hospital
Poughkeepsie, N. Y.

CASE WORK WITH ADOLESCENT PATIENTS

BY MARY-ELLEN HAYES

The 'teen age is a difficult time for all, but doubly so for the patient recovering from a psychiatric disorder. Growing up involves the necessity of learning to be at ease with other young persons as well as the undertaking of self-support. A psychiatric disorder in adolescence is almost invariably tied up with these two steps in growth. Often the disorder, psychotic or neurotic, is the patient's attempt to solve the conflicts of independence versus dependence and of affectional relationships outside the family versus the familiar family ties. His original solution, an illness, resulted in his entering a psychiatric hospital. Uncomfortable as his symptoms were, they were preferable to the fearful uncertainties of grown-up life. Now treatment has broken down the old attitudes, but the patient must build up new ones if he is to proceed with growing up.

The situation in which the young patient finds himself when he makes his first tentative steps toward a new attitude is of utmost importance. Originally frightened and hurt by early experiences, to the extent of precipitating a psychiatric disorder, the recovering patient is still extremely sensitive. Any defeat of his new, tentative efforts may result in quick withdrawal and the return of the old fears. If his first steps are successful, he gains in courage and confidence, and becomes more able to face the hurts of the real world as time goes on. Beset by doubts of his own ability and worth, he needs, for some time, the help and backing of persons who understand his troubles. Often his family is unable to provide the encouragement and appreciation the patient needs, for, in most instances, the family members, too, are confused and uncertain. Anxiety about the patient's future, guilt about their past behavior toward him, criticism of what seems to them unreasonable in his behavior, a need to dominate and control him; these are a few of the attitudes reflected by the relatives.

The last weeks or months in the hospital and the first weeks or months out of the hospital form a kind of convalescent period. To draw an analogy, the bent or broken leg is now straight, but if the roads are too rough or the journey too long, the leg may again fail. It is during this convalescent period that the psychiatric social worker may be particularly helpful. Understanding as she does the causative factors in the patient's illness, and able to recognize the patient's first timid attempts to make a realistic adjustment, she can at the same time recognize and encourage signs of growth and minimize or protect him from strains he cannot bear. She can also provide a friendly, yet objective and controlled, relationship which can be a learning

experience for the patient who is struggling away from self-preoccupation and toward interest in others. He can try out on the psychiatric social worker his new attempts at aggression or outgoing affection, without the danger of being misunderstood and hurt. In addition, the psychiatric social worker can be of great help in her recognition of the patient's need for practical advice, and in her ability to give this advice without negating the patient's own efforts toward independence. For the adolescent must extricate himself from his dependence upon his parents, and yet he is not experienced enough to handle his practical problems alone. Often, he recognizes poor judgment on the part of his parents, but he has no knowledge or experience with which to combat it.

Social Case Work Reports

Case 1

Paul, aged 17, suffered from a compulsive obsessive neurosis for two years before hospitalization. Intensive psychotherapy cleared up his symptoms, but he was still immature and dependent. It was hard for him to accept the responsibility of making decisions for himself. To him, such a step meant risking later self-reproach, as well as criticism from his aggressive, domineering mother and his inadequate but critical father. The doctor believed Paul would be better equipped to handle the difficulties of his family situation if he could obtain work before returning home. With the psychiatric social worker, Paul outlined his job preferences and evaluated his high school vocational course. Various methods of job hunting were suggested. Paul decided to register at the State employment service and to look for work himself in a dinner ware establishment, the particular field of work which appealed to him. He preferred to run the risk of refusal of his direct application, rather than to compete with many other boys who might answer advertisements or apply to employment agencies. The worker gave him complete directions for obtaining working papers and enlisted the interest of the State employment service.

Paul found his first job himself. It was packing china, for long hours, at pay below that required by the wages and hours law. Paul was dissatisfied, as he found the work very fatiguing, but it was his first job, and he was afraid that if he gave it up he might not find another. He wanted someone to tell him to leave the job. His family was elated that he was actually working at last, and begged him not to resign. The psychiatrist and the worker refused to make the decision for Paul, but encouraged him to follow his own desire, particularly as he was being underpaid. It was clear that Paul's conflict about working was another manifestation of his still existing immaturity.

After two weeks of indecision, Paul precipitated his own discharge by requesting shorter hours. Three days later he started on his second job, this time as a delivery boy. It was a part time position to which he had been referred by the State employment service. Again he was not satisfied. He wanted to earn a full time salary, and he still wanted to "work with dinner ware."

Paul's family thought that he should be satisfied with any work he could get when so many other boys were unemployed. But with the social worker, Paul was free to express his doubts, and she agreed with his decision to keep this job, but to spend his free time looking for something better. He had many uncertainties. Would the employment office be critical of him for not being satisfied in the job it had provided? Would his employer object to his looking for something better? Would prospective employers refuse to take him when he already had a job? All this was reviewed with him, the probable attitudes of other persons were estimated in advance, and Paul felt more equipped to meet unknown situations after these discussions. He has now been working three months and has been at home one month. Weekly conferences with the psychiatrist and with the psychiatric social worker are continuing during the adjustment period at home, and Paul is being encouraged to join the Y.M.H.A. to continue the social contacts to which he became accustomed while in the hospital.

Case 2

Twenty-one-year-old Vera's mother had directed and controlled the girl's every idea and activity. It was clear to the hospital staff that after Vera's recovery from her acute illness, schizophrenia, hebephrenic type, her only chance of remaining well lay in taking over responsibility for her own life. To do this, meant more than an intellectual understanding. She had to learn by actual experience that she was capable of making decisions, and having opinions, and that her own desires had validity. This experience could not be provided by the mother who, due to her own neurotic difficulties, was still oversolicitous.

Therefore, during the last four months of her stay in the hospital Vera was taken on weekly trips by the psychiatric social worker. At first Vera wished the worker to make even such small decisions as to whether to ride on the bus or the subway. Gradually, with much encouragement and reassurance, the girl took over the responsibility of deciding where and how to go. The worker waited patiently, regardless of how long it took Vera to conquer her indecisions. On one occasion, visits to four stores in two and one-half hours were necessary before the patient could purchase a play suit. It was only after being thus forced to make many small decisions and discovering

that her judgment was perfectly good that Vera could consider larger issues. A month after discharge, Vera undertook and carried through a plan for her vocational future, independent of her mother's desires, but accepted by the mother as a plan approved by the hospital.

Two months after her discharge, Vera referred to her earlier fears that she might "slip back under her mother's domination and again become ill." She said this fear no longer concerned her, for during hospitalization she had developed a "personality of her own." She did not think her parents recognized the change in her, but she felt that she had "cut the umbilical cord, emotionally speaking." She has continued to show progress in the five months since her discharge and now discusses vocational and recreational plans in her weekly interviews.

Case 3

After completing high school and business school, Dorothy, aged 18, was unable to look for work. She stayed at home a year; then her family recognized that treatment was needed before she would be able to undertake adult responsibilities. Dorothy had been in the hospital nine months when interviews with the psychiatric social worker were initiated. In discussions with the psychiatrist and with her parents, Dorothy had, up to this time, maintained that she knew she must work some day, but that there was nothing she was interested in doing. She told the social worker that she did not wish to do secretarial work because it was "routine and boring." She was not trained for, or interested in, anything else. On the assumption that Dorothy probably knew very little about the various vocational fields the worker gave her vocational books to read. One was for use in high school vocational courses, and there were questions at the end of each chapter. Grudgingly, Dorothy read "assignments" and answered the prescribed questions. In interviews, she was superficially polite, but quite uncommunicative. To the psychiatrist, she confided her resentment at being forced to consider her future—and her boredom with the academic method which the worker was using in an attempt to stimulate Dorothy's interest. At last, Dorothy tentatively admitted to the psychiatrist that she would probably do best to return to secretarial work for which she was already prepared. She then received the catalogue of a business school which provides half-time work, with the students using their earnings to pay part of the tuition.

From this point on, Dorothy took matters into her own hands. To the psychiatrist, she admitted her reluctance to undertake steps toward self-support, her fear of embarrassment and of return of symptoms, her conviction of failure. To her mother, she announced that she was going to attend the school suggested. For several weeks, Dorothy said nothing of this deci-

sion to the worker, but she finally asked that she be accompanied to the school to register. The decision to go was a real step, but the first weeks were not easy. Dorothy, however, prided herself on carrying through a plan, once she had made it, and did not allow herself to give in to fears, embarrassment or symptoms. The program of part-time work provides a step toward a regular position, a transition period between the protection of institutional life and the responsibilities of return to the world. Dorothy remained in the hospital during the first six weeks of the 15-week course, and continues interviews with psychiatrist and social worker since return home.

Case 4

Flora, aged 17, had an unhappy life, and the future seemed to her quite unattractive. With a psychopathic, feeble-minded father and a deaf mute mother, Flora had to take a great deal of responsibility from an early age. She acted as interpreter for her parents, rarely had any fun, and had never been away from her own slum neighborhood. Her illness, conversion hysteria, represented her refusal to go on with a life of drudgery. In the hospital, she was delighted to learn handicrafts, French and music. She boasted that her piano lessons were "better than you can get on the outside."

The hospital was a new world to Flora, but she yearned to see more of the city. She felt inferior when the other patients spoke of Radio City, the Statue of Liberty or the Planetarium. The psychiatrist believed that if Flora was to think of a grown-up life as attractive she needed actual experience outside the hospital. So, on alternate weeks, Flora and the social worker take trips to places of interest. Gradually, Flora is feeling more like the others, for she can speak casually of different sections of New York. She knows the various subway systems and the main shopping sections, and, at last, went to the World's Fair. In this instance, the worker is providing not only an understanding friend, but also a glimpse of the world. Flora's experiences since hospitalization, and her contact with various other hospital patients, have shown her how varied life can be.

Since Flora's symptoms are clearing up, but return to her family seems inadvisable, plans are under way to place her in a boarding school which will provide vocational training and at the same time continue opportunities for the interests and recreation Flora previously missed.

Summary and Discussion

The social case work approach in the cases of four adolescent patients who had made progress as the result of psychotherapy has been presented here briefly. These patients were referred to the psychiatric social worker

by their psychiatrists; and the method used was, in each instance, an integral part of the total therapeutic plan. Psychotherapy continued concurrently; and psychiatrist and social worker consulted frequently. In addition, case work was carried on with three of the mothers and one father; but it was clear that little fundamental change could be anticipated in the parental attitudes.

These four young persons had been unable to extricate themselves from the domination of their neurotic parents by overt rebellion, and had escaped temporarily through illness. In contrast to adult recovered patients, they could not separate themselves from their parents geographically, nor could they, because of youth and inexperience, dispense with adult guidance. Three of them returned to very much the same home situations they had left. In all cases, however, the patients were better equipped to meet their family problems, because of insight developed as a result of psychotherapy. Also, they were no longer handicapped by severe symptoms. In every instance, a taste of actual experience seemed important as an additional asset for these young patients who were now attempting to establish themselves as independent individuals. A common need was that of developing friendships outside the family, both as a necessary aspect of growth and because the families had severe limitations.

As presented, the case work method appears simple. It might be asked whether any friendly person with good common sense could not do as much. The professionally trained worker knows that every professional relationship, to be therapeutically effective, must be carried on in accordance with certain objective controls. A thorough understanding of each individual patient is imperative if the worker is to avoid fatal mistakes. To illustrate: Vera and Paul, particularly, and Flora to a lesser extent, begged to have decisions made for them. Vera's indecision was in part a residual of her psychosis, in part a life-long response to maternal domination. She needed the experience of deciding, regardless of how long it took her. Impatience or misplaced indulgence would have blocked that necessary first step. But either might have been the human impulse of a layman. Paul's dependence was partly an expression of his immature character and was partly related to his inexperience. Discussion of the factors involved placed him in a better position to make a decision. Flora's lesser problem was weighted heavily by her very meager experience. It took two afternoons to buy a pair of shoes, because she actually did not know how much shoes should cost; and she made a thorough survey before she was satisfied.

A professional relationship, to fulfill its aims, can continue for only a limited period of time. The termination must take the form of a step forward. For the time it lasts, the patient, particularly if he is a young person,

may think of the worker as a friend. But it must be clear to him that the relationship is undertaken for the duration of his need of it, and that he will outgrow that need. A real friend, he could see at any time, as frequently as he would wish, and over an indefinite number of years. In case work, interviews or trips are arranged on an appointment basis, at regular, planned intervals and during office hours. Recreational trips are ordinarily discontinued when the patient leaves the hospital, and interviews are substituted. Discussions are concerned with the problems and interests of the patient. The worker is constantly on the alert for indications of the patient's interest in ordinary social contacts, and the worker encourages the patient in this direction. Vera, Dorothy and Paul were all referred to their local "Y's" and Flora to a boarding school.

The worker, then, provides an experience in social relationships through her interest in the patient and her understanding of his needs. It is a temporary, controlled relationship, but one which serves as a stepping stone to the young patient in his growth toward a real social adjustment. In addition, the worker represents, to the young patient, a standard of adult behavior entirely different from that of his neurotic parents. This is a standard which the patient can utilize in his own growth toward maturity and independence.

To summarize, the psychiatric social worker can contribute to the treatment of young patients: (1) knowledge of resources and other practical matters; (2) skill in handling each patient as an individual on the basis of his particular problems and needs; (3) a professional but friendly relationship during his "convalescent" period, as a step toward real social relationships; and (4) a wholesome example of adult attitudes.

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THE FUNCTION OF THE MENTAL HYGIENE CLINIC IN REGARD TO JUVENILE CONDUCT DISORDERS*

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PART VI. *Therapeutic Considerations and Résumé of Function* (Continued)

In this communication, the writers are continuing the discussion of therapeutic procedures used in the clinic at the Syracuse Psychopathic Hospital. They are stressing the point of focus of the therapy, which varies with the subgroups described in previous papers. Organization of the clinic was outlined in the last preceding article, Part V of this series.[1] Treatment methods were described in the same paper as they have been adapted for four of the subgroups of clinic patients (I) the type with defective personality integration; (II) the mental defective types; (III) the types with specific mental disabilities—in reading, writing, speech, arithmetic and manual tasks; and (IV) the organic reaction type.

Treatment of two further types—(V) the type with poor familial background; and (VI) the type in which socio-economic factors predominate—will be discussed in the present paper; the presentation of the entire series of papers will be summarized; and a résumé of the function of the clinic will be presented.

TREATMENT OF THE TYPE WITH POOR FAMILIAL BACKGROUND

In considering the type of delinquency arising from poor familial background, we are not unmindful of the fact that every case resulting from familial situations manifests socio-economic aspects as well as disturbances grounded in intrapsychic conflict. However, we cannot treat all these factors at once, so it would appear that we must lay stress first on the situations in which the problems predominate. In the treatment of juvenile delinquency, there has been growing appreciation of the various factors which affect children. We have a better understanding of the mechanisms of behavior; and we have come to a realization of their interrelationships with wages, industrial conditions, cultural patterns, recreation, housing, neighbors, politics, newspapers and radio. Because of the complexity of the problem, we must be satisfied with a partial solution. The prolonged period of readjustment required for the older children is a matter which underscores the need of understanding these factors.

*This is the sixth and concluding article on the function of the mental hygiene clinic, written by Dr. Davidoff and Mrs. Noetzel and appearing in THE PSYCHIATRIC QUARTERLY SUPPLEMENT. The preceding five were published in Vol. 12, Nos. 1 and 2; Vol. 13, Nos. 1 and 2; and Vol. 15, No. 2, January and July, 1938 and 1939, and July, 1941.

In this subgroup, the approach is to the family directly. The social worker bases her treatment on the social situation. She is indebted to psychiatry for an understanding of personality, but her focus is different. Her philosophy is grounded in the family and its right of self-determination.

She considers the child as a free individual who belongs to himself. He is not a puppet or a repetition of an adult but a changing, developing personality. He needs affection, security, love, discipline, and growth through achievement and social acceptance. If we are to help the child to achieve these, the social worker must offer certain things to him and the family. Eleanor Neustaedter[2] has said that the social worker has three functions in regard to her client—material things, services and a relationship.

The material things a social worker can give are food, clothing, and shelter. Social workers are just beginning to recover from the period in which they regarded the giving of relief as something indecent. Often, the social worker in that period concentrated too closely on the unconscious when the client was all too conscious that he was cold or hungry.

Many children in our clinic are chronically underfed or undernourished. The restlessness which results from this brings nagging of teachers and parents. An inadequate food budget may lead a child to pilfer from the fruit stand. A diabetic or hypoglycemic child may steal to satisfy his craving for sweets. The adolescent will not enter into social activities if his clothing is shabby. We certainly cannot teach him pride in his personal appearance and cleanliness if he has insufficient clothing. However, we must be alert to recognize when the untidiness is due to psychological factors.

We are all aware of the results of bad housing, overcrowding, inadequate rest, and the lack of privacy necessary for the development of standards of decency and modesty. In case of sexual assault, for instance, where the child seems to have been a willing victim, we find that one of the contributing factors has been the premature excitation resulting from the witnessing of sexual intimacies because of overcrowding.

Social work has begun to develop certain measuring rules. One of these is the scientifically determined budget. Given an adequate budget, the intangible factor of the person who is to use it confronts us. The Visiting Housekeeper service, which has in recent years performed valuable service in illness in holding homes together, can be used to teach the mothers of our delinquents the art of home making. We often hear that it is impossible to accomplish anything with a mentally defective mother who has had no training in homemaking. However, a practical approach would be to work with her and teach her how to scrub floors or clean her house by actual demonstration.

The problem of providing for the family which lives below a minimum budget standard and declines to accept relief finds the social worker in a dilemma. Shall she try to persuade the family to give up the right to be self-determining or shall she allow them to be chronically underfed?

We have mentioned before the transfer of authority that takes place when the social worker holds the purse strings. This constitutes one of our best reasons for preferring cash relief, since the rôle of the social worker is not so evident to the younger members of the family.

In providing an adequate budget, it is often found necessary to protect an adolescent from assuming too much premature responsibility. We may encounter a cultural lag on the part of the parents; and we may be accused of encouraging the youth to shirk his responsibilities. We know that we are trying to keep our adolescent from projecting upon his parents the hatred for a burden that he is not strong enough to bear and to preserve the love he has for them. However, parents, particularly those of European origin, may need to have this interpreted to them.

Direct contacts with, and advice to, parents have been previously mentioned. Intensive treatment of the entire family is sometimes necessary. Study of the parents, and of siblings in whom deviations are not too superficially evident, reveals that the child possesses an exaggeration of certain conscious or unconscious racial, familial or group patterns—the attitudes and mores of the parents and relatives. Sibling rivalry, struggle for favoritism and illness or deviations in other members of the family are a few of the many factors elicited. The joint home visit of the social worker and physician offers a practical method of observing the setting in which the behavior occurs. The family is often encouraged to visit the clinic; and combined interviews are held, in which the community social worker may later participate. The parents are encouraged later to observe what we are trying to do for the child. If they are intelligent, the task is easier. However, an attempt can always be made to correct certain unhealthy attitudes. All the siblings are frequently observed in the play room.

How poor is the family background? How much can be done with the parents before more active social intervention is necessary? The services which the worker offers vary with the situation and need of the individual family.

We are very likely to make our social diagnosis on the basis of our own fantasy of what the child and parent ought to feel instead of what they do feel. It is extremely difficult for us to accept a very fundamental rejection of the child. Is the movement within the family toward separation or cohesion? If the parents voluntarily come to the clinic and ask us to tell them what they have done to make the child behave as he does, we may conclude

that the parents have a desire to change. How different is the story when the parent comes unwillingly; or when we point out that the child presents no problem in school and that most of his difficulty arises in the home—and the parent counters by saying the child has been "mean" since babyhood. Often, valuable time is lost in trying to make a parent assume responsibility for a child when he has reiterated his opinion that the child is all to blame. We must regard our own motivation when we attempt this. We identify too closely with the child and become punitive toward the parent. If the parent does not seek help for his own problem, there is nothing we can do to establish a successful parent-child relationship, and a substitute placement is indicated. This is particularly the case where defective hereditary factors predominate in the family.

Often, it is likely that the family is too closely knit for mental health. Particularly in dealing with adolescents, the finding of more numerous outlets for older members of the family is imperative.

The tradition has grown in some clinics that the patient is the psychiatrist's responsibility and the parent the social worker's. We have not found a rigid adherence to this principle helpful. When the child comes to the clinic, he meets both the psychiatrist and the social worker, and we believe that the child or the parent intuitively seeks the one he feels can help him. We have a growing respect for their judgment. By training, the psychiatrist is better fitted to treat the intrapsychic conflict and the social worker the conflict which impinges on the social situation. However, we have seen instances where, because of identification with some hostile person in the child's environment, the social worker or the psychiatrist was powerless to function for the time being. The social worker may find the psychiatrist identified with a domineering parent. Her function then may be to help the child analyze this, so that he can accept help from the psychiatrist. On the other hand, the child may identify the social worker in the same manner and be unable to accept the slightest service from the worker. The resolution of these conflicts is a part of the therapy, whether they are approached from the social or psychiatric focus.

Very often the psychiatrist and social worker must offer a substitute parental relationship, supplying those things which have been lacking. This must be a controlled relationship. It should be established after careful diagnostic thinking. Not only, "What does this child need?" but, "What has he to adjust to?" must be considered. The rejected child needs warmth and even, at times, tenderness, while the spoiled child may need to find, in the person of the therapist, someone who can represent a wise, just and kind authority which will become his protection. The delinquent may repeatedly try to provoke retaliation from the social worker or physician.

Only when this is not forthcoming does he realize that his own acts cause his difficulties and that someone is not "getting even with him."

Often, the psychiatrist and social worker may have to fit themselves into the pattern of the child's life. They must take on the general characteristics and constructive attitudes of the parent and must try as well to substitute healthy attitudes for destructive ones and to supplement those healthy attitudes. A parent may have given to a child a definite feeling of security in his affection; but he may have denied another need just as vital, that of satisfying a desire for new experience. If the psychiatrist and social worker can combine these two elements in their attitudes, the child learns that they are not inimical to each other and can go on to new experiences without experiencing a load of unbearable anxiety. When the child cannot accept the fundamental rejection by his parent and develops a sense of guilt regarding it, we can bring to him an understanding that it is not his fault and can give to him a knowledge of some of the factors in the parent's life which contribute to it.

One of the difficulties confronting most children's workers is the failure to take an all-around viewpoint and appreciate the problems of the parent, who frequently needs to express his own aggression, his frustrations and despair. Often, the parent may be jealous of the attention the child is receiving; and he may become more cooperative when he sees that we are interested in him for his own sake and not only for the child's.

In considering problems of placement, we have too often, after recognizing unhealthy social conditions and family relationships, proceeded hastily to place children without realizing what this will mean to the child and his family. We need to consider carefully whether the home can be reconstructed so as to provide a healthy environment for the child or whether we must accept the fact that, in the present stage of our knowledge, the home will have nothing to offer.

From the child's standpoint, he may not be ready to suffer the trauma of separation. We often see children removed because of improper guardianship and immediately regressing to more infantile methods of behavior such as soiling and wetting. It is as if the child said, "The present is intolerable, so I shall return to the happy past." The child, too, must be carefully prepared for placement. We must be sure that he understands and accepts it as an opportunity rather than a punishment. Placement, to the parent, may mean final confirmation of parental failure; and frequently he must be shielded from this harsh realization.

We are often confused as to the type of placement needed. In our zeal to provide a "family" environment for the child, we are sometimes lacking in discrimination. Where the child is fond of both quarreling parents and

where—as in the cases of some adolescents—a less personalized relationship is necessary, placement in a progressive institution may be indicated. One of our principal difficulties in this type of placement is the dearth of institutions which have constructive programs.

Foster home placement has been advised against in cases where children show inability to use personal relationship; but in such an instance, we need to guard against too hasty a diagnosis. A child may not be able to use a relationship because he has never had a healthy one. Part of our treatment must be to help him develop this ability.

Selection of foster homes for delinquents is a grave problem, because there are so few foster parents who are equipped by temperament and training to care for these children. Even if foster parents are thus equipped, the social worker must spend much time and use much skill in sustaining them, in their dealings with the annoying behavior of the child with a conduct disorder. Careful study of the personalities of the foster parents as well as that of the child must be made. Are they capable of sharing the child with his own parents? Can they accept the position they have in the child's life as a challenge and something really worth while? Are they likely to compare the child unfavorably to their own children? Can they understand the child's needs and meet them? Can they recognize significant behavior of which we shall need to know? Are they able to give the warmth and affection that these children need?

We have found it helpful to include foster parents in conferences with the clinic. We, thus, have an opportunity to interpret the child's behavior and our treatment, to express our appreciation and understanding of the problems confronting the foster parents, and to be of help to the community worker.

We avoid placing children with families whose cultural standards are too far above their own. Such a placement results in irritation for the foster parents and the child. In the selection of foster homes, we need to remember we cannot have everything; and, here, as in other phases of social treatment, we must be satisfied with partial results.

We are in agreement with the emphasis on family care for the mental defective.[3] The environmental, border-line types of mental defectives in particular have very definite emotional problems that require treatment. They need the feeling of being wanted in the family set-up. These children frequently adjust very well to family care, particularly where there is special provision for them in school. We have found it most helpful to have the foster parents very definitely understand the child's limitations.

It is evident that the child with defective or psychotic background needs to be protected from undue strain. Where a delinquent, mentally deficient

or diseased member of the family is exerting too much influence on the child, placement is indicated. It is also indicated where the family relationships are poor because of immaturity or lack of socially acceptable ideals. With the changing of authorities in our social structure, there is great need to encourage our parents to assume more responsibility for the child.

Treatment of the Type in Which Socio-Economic Factors Predominate

The primary service the social worker can offer to the child is that of interpretation and of the coordination of various resources within the community. The method we have found most helpful has been the conference of interested social agencies. Since the delinquent experiences his difficulty with the community, he has been known to other social organizations. Other methods have been tried by them. We find their failure and success valuable in prognosis and treatment. We also find that clarifying the part each is to play in treatment is helpful and that this keeps the patient or the family from playing one agency against another.

The conferences of the social agencies may take place before and after referral to the clinic. The social worker in the clinic may be able to see certain factors that need to be clarified before the family is ready for treatment. For example, the parents may not properly understand the function of the clinic and may regard referral to the clinic as a punitive measure instigated by the community social worker. The parent may be overcome with his failure and may wish to justify himself by proving that no one can do better. He may fundamentally reject his child and wish to be rid of the burden of his responsibility. Therefore, it may be best to place the child in an environment where he is accepted and this may be all the treatment necessary. Often these possibilities may be pointed out in the preliminary conference. When the child has been studied, the conference has its principal value in providing a definite plan of treatment, and in giving to the social workers and physician complete knowledge of all the ramifications of the child's behavior.

We are in a transitional phase in the child guidance clinic. There was a time when the social worker in the clinic took full responsibility for the social problems confronting the child. At present, we are beginning to realize that psychiatric social workers alone cannot carry the load, and that most of the social treatment must be carried out by the community social workers. When this method is employed, the social worker in the clinic acts in a consultant capacity.

The social worker should make available to the child the facilities of the church, the school, and the recreational center. The clergymen and the churches are eager to help with their services; but the child often feels

lonely in his new environment and needs a friend who is a part of it, so that the teacher of the Sunday School class may be able to give to the child the understanding that will make him a part of the group. We need to be careful in our interpretation and prepare the teacher for annoying behavior.

In approaching the school, we try to differentiate between treatment and discipline. We should make very clear that one is not a substitute for the other, but that we hope treatment will make discipline easier. The social worker must realize that behavior which can be tolerated and even encouraged in the clinic cannot meet with the same kind of approval in the school group unless the school is organized along progressive lines—no matter how sympathetic the teacher may be. The social worker must recognize the limitations under which the teacher works. The teacher is probably as desirous as she is, to fit the curriculum to the child but is faced with the reality of the situation. If the social worker fails to see this she is likely to bring the abreaction of the teacher's hostility upon the child and to endanger a vital relationship for the child.

We have established a working relation with the court, to reconcile the legal and psychiatric viewpoints, which in the case of children are not too diverse. The court is conceived of as an agency functioning in behalf of the child; our advice is sought; and there is desire to participate in cooperative planning with the clinic. After conference, in many cases, probation officers carry out the social treatment and program prescribed by the clinical worker and psychiatrist.

In regard to recreational activities, we realize that the social maturity of the delinquent is defective and that he generally feels isolated in the group. In our clinic, he has been prepared for group activity by the play techniques and other procedures; but, even then, the transition is hard; and he feels definitely hurt if he is not understood. The social worker can prepare the way by giving the group worker an understanding of the child's needs. Volunteers may accompany him for his first contacts with the recreational center.

In considering the relationship that the social worker can offer the child and his family, we know that it is necessary to give him something which he lacks. However, her diagnostic ability is taxed to find what this is, and her therapeutic skill to find out how to offer it. Too much has been said about the social worker's ready acceptance of anti-social conduct. We do not assume a judicial attitude; but the crux of the whole matter is to explain to a child that society does not accept his behavior and that neither do we, although we understand and know how he feels. The difference between our attitude and that of society is that we will not retaliate as society

will. Our problem in social treatment is to widen the child's social horizon in a constructive fashion. Perhaps the greatest service to him is to open the door to socially acceptable satisfaction.

The necessity of emotional understanding and acceptance of the problem and treatment, by the child and parent, are aspects of importance. The prolonged period of readjustment increases the value of the social service function in the actual community situations and in meeting the problem of reeducation.

Where the deep fundamental rejection of the child does not exist, relieving the pressure of the child's annoying behavior by means of community group activities, such as summer camps, nursery schools and recreational centers, may be found helpful. The alleviation of the various social and economic pressures is essential if we are to expect the parent to maintain his poise in the face of the child's delinquencies. Unemployment, physical and mental disorder, marital disharmony, or employment of the mother outside the home may contribute to the problem. To summarize, we may say that the crux of all social treatment is to evaluate the child's deprivations; understand their meaning for him, and as far as we are able, to supply his needs. When we cannot supply his needs, we must offer him substitutes that may, in the course of treatment, become acceptable.

Summary

A. Outline of Presentation of the Problem

In the first three communications of this series, on a prognostic basis, we classified and described the cases of conduct disorders observed as protracted, intermediate and early types. We indicated that the therapy varied with the length and severity of the disorder, the personality of the child and his age.

In Part III, we mentioned the personality traits observed in early cases of conduct disorders which bring the child into conflict with his environment. In Part IV, we discussed the unhealthy attitudes observed and subdivided the earlier cases into certain diagnostic groupings based on apparently predominating influences. In Parts V and VI, we have outlined the therapeutic procedures in accordance with the diagnostic groupings.

B. Résumé of Functions of the Clinic with Regard to Conduct Disorders

(I) *Diagnostic Function—Classification of Influences Which Seem to Predominate in a Given Case of Conduct Disorder*

The diagnostic sub-groups are as follows: (I) The type with defective personality integration; (II) mental defective types; (III) the type with specific mental disabilities; (IV) the organic reaction type; (V) the type

with poor family background; (VI) the type in which socio-economic factors predominate.

These diagnostic distinctions and groupings were recognized as artificial and were presented largely for the purpose of therapy and discussion. However, they aid in indicating where to focus or stress the therapeutic procedure, although many factors must be considered in any given case. It is preferable to view the problem as part of an integrated whole. In regard to the individual child, how much therapy is it possible to give the child and how much is he ready to receive? How much can be done with the family? What are the community resources? Which cases are best served by institutionalization, due to lack of community resources or due to chronicity? Which cases appear to be predominately social problems and require only sound social service techniques?

(II) *Prognostic and Consultation Function—Individualization of the Child with Respect to the Therapy*

In planning the therapy to meet the needs of the individual child, these aspects must be considered: (1) the age; (2) the progress of the conduct disorder; (3) constitution; (4) predominating influences; (5) the child's background; (6) social and environmental factors; (7) the personality; (8) the presence of compensatory or specific adaptive traits as opposed to unintegrated traits; (9) the child's major problem; (10) community resources and social service facilities; (11) the type of therapy or placement advised; (12) the considerations in regard to the readjustment period.

From a practical point of view, it is necessary to decide which type of case is to be considered on a consultation or advisory basis and which type is to be treated intensively. The degree of intensity of treatment varies with the criteria mentioned and with social, economic, and geographic factors. The separation of the more hopeful from the less favorable cases is important. In some children, the deviations are of so mild a type or so obvious that advice to parents or a few interviews with the child will aid materially in correction of the early unhealthy attitude. In these cases—and in those with protracted deviations who present psychoses, severe personality disorders, or social and mental deficiency—the diagnostic, prognostic and consultation factors are most important.

(III) *Therapeutic Function*

This was discussed with special reference to the diagnostic groupings. Stress was placed on the treatment of personality deviations. The social service facilities and the need of family cooperation were also treated at some length. It was noted that the program outlined must be one that can

be carried out and that is not too ambitious or formularistic. The therapy varies with the age of the child as well as with other factors based on diagnostic and prognostic criteria. The indirect value of the transference situation, particularly in the younger children, and the need of directly translating the treatment in terms of meaning to the older child are discussed as part of the therapeutic program. Stimulation of the ability to "carry the load," overcoming the resistance to the therapy and gaining therapeutic control of the situation are mentioned in this connection. We cannot expect complete success. We must be satisfied with partial solution of the child's problems or, at times, favorable results with respect only to the child's leading problem.

It appears that diagnosis of the early manifestations or the ability to recognize the combination of unhealthy traits is a necessary prerequisite for remedial measures. The evaluation of the personality and of the destructive traits in relation to the attendant circumstances and total situation are of great importance. Whenever possible, one should stimulate the child to utilize and integrate the protest-reaction constructively. At the same time, conditioning, reconditioning—and elimination of unhealthy factors where they can be eradicated—must not be neglected as part of a program of re-education.

One sees the advisability of evaluating the child's total personality and his possibilities, so we may isolate those children from whom we cannot expect too much, who lack compensatory traits, and who are in need of protective therapy, from others who are in need of more active stimulative therapy. In the latter group, it is important to recognize compensatory traits and specific adaptabilities which may be utilized in "grooving" the child into healthy channels of reaction and in stimulating him to achievement along the lines of his special interests. This generally provides a ready incentive to win his interest in fair competition and social activity. With this as a basis, his creative efforts may be fostered.

Stimulation of the child's favorable reaction to authority and his acceptance of it, not as a threatening force, but as a protective element which affords him security, is an important item. A prolonged flexible period of readjustment for, and study of, the individual child is necessary. Evaluation of the social, family and economic factors and the improvement of these are important wherever improvement can be accomplished. This work entails thoughtful planning with the delegation of responsibility to other social service agencies, the home, the school, physicians, nurses and others.

In addition, catering to the child's emotional and instinctual needs, particularly in cases of deprivation; indirect exploration of the child's hidden conflicts; and the use of play techniques, occupational therapy, hydrother-

apy and special psychologic tests and procedures are important aspects of the therapeutic procedure.

(IV) *Social Service and Community Function*

The coordination of social service facilities and community resources and the need of family cooperation are pointed out. The psychiatric social service approach to those children of poor familial background and those in whom socio-economic factors predominate are stressed. The adequate evaluation of foster home care, the consultation service to the civic social agencies, and schools, the social service conference and our function in community education are mentioned. Understanding relationship and cooperation with the court and probation officers are necessary. The joint therapeutic approach of the physician and social worker is an important aspect of this function.

(V) *Preventive Function*

This has two aspects. The first is education of parents and the community as to the best methods of rearing children from the mental hygiene viewpoint and of acquainting them with the psychologic, the emotional and the other needs of childhood. The second concerns itself with the appearance of early predelinquent or neurotic traits in the presence of poor environmental situations. These unhealthy traits must not be permitted to evolve into fixed or unbalanced behavior patterns.

These disorders occurring in the personality integration are preceded by predelinquent "amorphous" characteristics which cannot be utilized in adaptation and in reaction to change of state, growth and broadening of social vista. These we have labelled, for want of a better term, "unhealthy traits." Given specific determinants in the total situations, these may very well culminate in conduct disorders. Many of these determinants, in the personality, in the social and environmental aspects, and in the total situation, cannot be controlled, even in the youngest individuals. However, the prognosis is more favorable in these younger cases where the environment can be more easily manipulated and where some plasticity of the personality still exists. Since the unhealthy habits of social adaptation and personality integration have not appeared in definite form, it is easier to shunt the younger child into socially acceptable grooves. Therapeutic control is more easily gained.

C. EVALUATION OF FUNCTION

1. The primary functions of the clinic in regard to conduct disorders include: diagnosis; prognosis; consultation; psychotherapy and other forms of treatment; utilization of social service facilities; coordination of community resources; community education; and prevention.

2. The function in the severely protracted cases is one of diagnosis, allocation and placement. There is need for a progressive institution, set aside for the use of the mental hygiene approach to juvenile delinquents, in a controlled neutral atmosphere.

3. In the intermediate types, where the prognosis is dubious, it is necessary to have intensive study and treatment which utilizes all knowledge at our disposal and considers the compensatory traits.

4. Best results are obtained in the incipient and milder cases, which occur usually in younger children. Early treatment is determined as much by the isolated manifestation, such as minor sex deviations or occasional stealing, as it is by the total situation; and as much as it is determined by the early occurrence of certain unhealthy traits in combination and by the social situation. In many cases, it is impossible to discover accurately, the deep-seated motives. In those children given to concealing and to an excess of fantasy, whatever the cause, the therapeutic obstacles are greater. The therapy depends to some extent on the personality integration as well as on social factors. We cannot say with any degree of accuracy whether, in these younger children, the therapeutic procedures instituted have a more permanent value. The importance of adequate case recording and of the collection and correlation of data for future reference is evident. Comparison of children with children who have not received the therapy, as well as more or less short-term observations, would seem to indicate that the use of methods now employed in child guidance clinics should be continued until data covering longer periods of observation, control and study are available.

5. The planning of a prolonged flexible period of readjustment and reeducation which utilizes the continued, combined, objective, supervisory, psychiatric and social service approach and coordination of community resources is a necessary procedure. It is of value in rehabilitation of the more protracted cases following institutionalization and in the intermediate and early cases where a number of unhealthy factors occur in combination.

6. In regard to prevention, the difficulties of forestalling conduct disorders in the present state of our knowledge, because of the multiplicity of factors and the complexity of the problem, are evident to us. However, a well-rounded approach which takes into consideration all the factors affecting the child's early life including defective personality integration and unfavorable environmental situations; early correction and intensive study of the incipient manifestations of conduct disorders; control observations on children with no ascertained mental deviation; the availability of newer methods of approach; and adequate careful psychobiologic case recording are necessary prerequisites for prevention. In older cases, the recognition

of and prompt attention to the later development of minor deviations which tend toward anti-social conduct are important. These unhealthy traits are called forth in the marked transitional and rapidity maturing state attendant upon puberty, because of the adolescent's desire to maintain certain more infantile methods of psychologic adaptation despite his anatomic-physiologic growth or metamorphosis. Prompt proper handling of these early attitudes often prevents the moderately maladjusted youth from engaging in definitely anti-social conduct. Results in the early mild cases and our work with siblings of the delinquents indicate the value of the continuance of the preventive child guidance approach.

7. Because of our limitations and the complexity of the problems involved, we must accept incomplete solutions and at times satisfy ourselves with success only in regard to the leading problems.

8. We must admit our failures in a certain percentage of cases and must objectively review and evaluate wherein we have failed and the factors contributing to this. While there is no certainty that such procedures will prove of value in the present state of our knowledge, they may aid in the future when newer methods or more essential and currently unknown causes are found. It appears that the reasons for failure at present are: the inadequacy of our psychiatric approach; lack of knowledge in regard to sociologic factors or the failure to incorporate a broader sociologic viewpoint in our therapy; the inability to change certain socio-economic and familial factors or to influence children with protracted deviations or with certain inadequate personalities; the lack of community resources and a well coordinated community program; dearth of adequate case recording; lack of searching analyses, complete personality studies and control observations; and the relative nature of anti-social conduct.

9. The child guidance clinic can aid in the ultimate solution of the problem of delinquency. This can be accomplished only by long and painstaking research, not in the field of psychiatry alone, but also in the wider realm of social adjustment.

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DR. RALPH P. FOLSOM*

BY RAYMOND G. WEARNE, M. D.

Dr. Ralph P. Folsom, who was appointed superintendent of Hudson River State Hospital, Poughkeepsie, on August 1, 1931, died at that hospital May 12, 1941.

Dr. Folsom was born at Old Town, Me., September 3, 1876. He attended the public schools of his native village and was graduated from its high school in 1893. From high school, he entered Dartmouth College, where he was graduated in 1897 with the degree of bachelor of arts. After teaching school for several years, he entered the College of Physicians and Surgeons in New York City. Upon receiving his medical degree in 1908, he immediately entered the New York State hospital service as a medical interne at Manhattan State Hospital. He was soon promoted to the various positions of junior physician, assistant physician, and senior assistant physician. On December 15, 1922, he left Manhattan State Hospital to become first assistant physician at Central Islip State Hospital. Two weeks later, he accepted appointment as director of clinical psychiatry at Manhattan State Hospital. He served in this position until March 1, 1928, when he was made first assistant physician.

While in New York City, Dr. Folsom took an active part in clinic and psychiatric work. He was instructor of psychiatry in the College of Physicians and Surgeons, and was assistant professor of psychiatry in the Post-Graduate School of Medicine of Columbia University.

Dr. Folsom was an administrator of unusual ability. He was most conscientious and fair in his dealings with others. He exercised good judgment in matters relating to both patients and employees. He had a characteristic dignity and reserve, but those who knew him well found a sincerity, integrity, and depth of character that endeared him to all. He was a devoted husband and a good father. He is survived by his wife, Mrs. Alice T. Folsom, three sons, and three daughters.

*Read at the Quarterly Conference at Central Islip State Hospital, September 27, 1941.

A TRIBUTE TO DR. CHARLES S. PARKER*

BY DAVID CORCORAN, M. D.

The last meeting of the Quarterly Conference of the Department of Mental Hygiene was saddened by Commissioner Tiffany's announcement of the sudden death of Dr. Charles S. Parker, superintendent of Kings Park State Hospital.

At this time we turn our attention briefly to the memory of our departed friend and colleague, for human friendships, born of ordinary unpretentious good will and unselfishness and nourished through the years on common interests and mutual understanding, are to be numbered among our most valuable and endearing possessions.

For Dr. Parker, life began in the State he served so well. Born at Three Mile Bay, Jefferson County, in 1887, he received his primary and high school training in his native village. Having decided on a medical career, he entered Syracuse University in 1904 and was graduated with a degree of doctor of medicine in 1909. Upon the completion of a general internship at Mercy Hospital in Wilkes-Barre, Pa., he returned to his home State to accept an appointment as medical interne at Kings Park State Hospital in October of 1910. This inconspicuous undertaking was to be the initial stage of what we now readily recognize as the beginning of many years of diligent, competent and productive service to this department in general and to Kings Park State Hospital particularly.

His merit in this newly-chosen field was not long in claiming its reward. He passed rapidly through the grades of junior assistant, assistant physician and senior assistant, and in December, 1922, he undertook the duties of first assistant physician. After nine busy years in this position, he became acting superintendent in 1931. Dr. Parker was appointed in January, 1933, superintendent of Kings Park State Hospital, a position he filled most ably until his untimely death on March 28 of this year.

It is significant that the total of Dr. Parker's 30 years in the service was spent at Kings Park; significant as a source of his deep attachment to that hospital. This long, unbroken affiliation encouraged in him a sense of pride in the institution, pride in its growth and development, pride in its purpose and pride mostly in the efficient accomplishment of that purpose. Through all these years Kings Park was his work and his home. Its services, its grounds, its staff and personnel were all old and close acquaintances. This thorough familiarity with the whole institution and his devoted interest in its welfare, fostered by years of loyal service, were constantly evident in

*Read at the quarterly conference at Central Islip State Hospital, September 27, 1941.

his work. To Kings Park State Hospital, Dr. Parker was a true friend of long standing and an ever willing benefactor.

During the period from 1910, the year marking Dr. Parker's inception into this service, to 1941, Kings Park State Hospital doubled its size in physical plant and patient population. Roughly, two-thirds of this increase was accomplished while Dr. Parker was superintendent. The faultless manner in which this increased growth was brought about and the newer facilities put into operation and integrated with the established units plus the well sustained over-all efficient operation of the hospital during the period speak convincingly of Dr. Parker's insight and administrative ability. His integrity and loyalty, at all times, were equally evident.

Many noteworthy developments appeared in the growth of Kings Park State Hospital during Dr. Parker's time at that institution. In 1913, separate cottages were opened for the care of tuberculous mental patients. The Veterans' Memorial Hospital unit was added in 1927. Well-equipped, well-organized, acute medical and surgical units were put into operation in 1933. A large, well-recognized, up-to-date, school of nursing was maintained at high standards throughout this period. Although Dr. Parker identified himself with these and many other medical and administrative aspects of Kings Park State Hospital, perhaps none concerned him more than the care of juvenile patients in psychiatric institutions. He constantly stressed the need for the establishment of a separate service for children at Kings Park and worked out the many problems confronting such an undertaking. A practical plan was formulated by Dr. Parker providing a detailed description of the cottages set aside for the children and the training to be given in this unit. As described by Dr. Parker it was, I quote, "an attempt to provide for the children an environment that will encourage and stimulate constructive work of educational value under supervision of trained personnel so that every child shall leave the institution as physically fit as possible, its health habits formed and its corrective needs cared for."

Dr. Parker's professional training was well proportioned. Thoroughly grounded from the beginning in the fundamentals of general medicine and psychiatry, his innumerable and varied interests added continually to his development; and an enviable degree of psychiatric acumen was the reward of his diligence. Profound respect and admiration were paid him by his colleagues and the deepest gratitude by those who came under his care.

He was a member of the American Psychiatric Association, the Long Island Psychiatric Society, New York State Medical Society and the Suffolk County Medical Society. He was a Royal Arch Mason and a member of the Baptist Church.

Dr. Parker's life was well lived and useful. He had that most happy faculty of living at all times in the present, unshackled by past regrets and future fears. A sound judgment and a sage sense of proportion allotted his time and spent his energies. His activities, professional and otherwise, were many and they all received their due. An ever-present pleasing disposition, a keen sense of humor and a wealth of charm and personal attraction enhanced all his contacts. He enjoyed life, and his enjoyment was contagious. None could be exposed to it and come away unaffected, and it contributed much to the happiness of all who knew him. He made friends easily and had many. His cordiality, generosity and loyalty rendered priceless the value of that friendship.

Dr. Parker, at all times a devoted husband and father, ever attentive to his family and home, is survived by his wife, Elizabeth MacConnell Parker, and two grown children, Charles William and Jean Elizabeth.

While Time, as is its nature, will gradually temper and may eventually consume our grief, a full appreciation of our loss will survive and grow with the years; its source being sincerity, honesty, ability, generosity and loyalty; durable qualities, immune to age, attributes of a friend we shall not forget.

MINUTES OF THE QUARTERLY CONFERENCE

SEPTEMBER 27, 1941

The Quarterly Conference of State Institution visitors with the Commissioner of Mental Hygiene was held at Central Islip State Hospital, September 27, 1941, with the Hon. William J. Tiffany, Commissioner, in the chair. In addition to the Commissioner and representatives of all the institutions of the department, there were present: Assistant Commissioner Lang, former Commissioner Parsons and delegates from the State Department of Health, the United States Public Health Service and the medical corps of the United States Army.

The conference was opened at 11 o'clock. The members were welcomed by Mr. Harry P. Robbins, President of the Board of Visitors, who spoke as follows:

If the meeting will please come to order, I will get through with my very brief part of the program, which is to welcome the members of the various boards of visitors who are here, and I would personally like to welcome the members of the medical staffs who are visiting us, several of whom are old friends of mine. I am looking at one now upon whom I have leaned heavily. During the 20-odd years that I have been a member of the board of visitors these medical friends have been of great assistance in helping me to better understand the problems which confront boards of visitors.

It is nine years since we have had a conference here. We are happy to be able to welcome you in this beautiful building; the last time we had the conference in one of our dining rooms. I will now turn the meeting over to Dr. Tiffany. I would like to add that Dr. Tiffany is one upon whom I have leaned heavily and he has guided me.

THE CHAIRMAN: We know we shall have a pleasant meeting here and one that will be very instructive. We are always glad to come to Long Island and Central Islip.

As we have a rather long program, let us proceed at once to the round table discussion of the "Control of Tuberculosis in State Institutions." I am very glad to say that Dr. Robert E. Plunkett, general superintendent of the State tuberculosis hospitals, is with us and he has consented to lead the discussion. I call upon Dr. Plunkett.

Dr. Plunkett read the following paper:

DR. PLUNKETT: Although it is probably unnecessary for me to review the reasons for the establishment of the joint program of the New York State Department of Health and the Department of Mental Hygiene for the

control of tuberculosis in mental hygiene hospitals, it probably will be helpful to emphasize some of the high points of the paper describing this project published in the August, 1941, issue of the "American Journal of Public Health."

A review of the mortality statistics reveals the startling fact that the tuberculosis death rate in mental hygiene hospitals averages more than 600 per 100,000 as compared to 51 per 100,000 in the general population. This, in itself, presents a challenging situation. When this information is supplemented by that resulting from studies made by the Department of Health and especially by the staff of Hermann M. Biggs Memorial Hospital at Willard State Hospital and the study at Binghamton State Hospital, added emphasis on the serious significance of tuberculosis in mental hygiene institutions is indicated.

This problem would be serious enough if it were concerned only with mentally ill patients, but tuberculosis, being a communicable disease, does not limit itself to any circumscribed area or group of the population. The train of tuberculous infection extends from the mentally sick to the employees who are engaged in direct or intimate service, and from them to the members of their households in the communities. Not only does this condition create a serious public health problem in the localities surrounding your institutions, but the records of the New York State Insurance Fund reveal that the accrued cost to that fund as a result of 120 employees of the mental hygiene hospitals developing tuberculosis amounts to more than $900,000. This means an average of about $8,000 per case. Both the Department of Health and the Department of Mental Hygiene would be recreant in their duties if they failed to take steps to remedy this situation.

Recent advances in the development of cheaper methods of securing chest X-rays make it possible to attack this problem at a nominal cost. As you probably know, $45,000 has been appropriated to start this work, and the first institution, that of Craig Colony, at Sonyea, has just been finished. From the standpoint of public administration, the method of approaching this problem has already demonstrated that two State departments can jointly and harmoniously administer a program for the common betterment.

The experience of the division of tuberculosis of the State Department of Health at Binghamton State Hospital and at Willard State Hospital, where special X-ray studies were made, as well as that recently at Craig Colony, has been most satisfactory and gratifying. The interest which the superintendents of these hospitals and their staffs have manifested in expediting this tuberculosis case-finding and control program gives promise of continued cooperation. The program may be summarized as follows:

DETERMINATION OF THE EXTENT OF THE PROBLEM

a. X-ray examination of all inmates by wards and buildings. Where tuberculosis wards exist, the patients in such wards are to be examined first, inasmuch as experience in three institutions has revealed that as high as 50 per cent of inmates isolated in these wards may not have clinically significant tuberculosis.

b. X-ray examination of all employees.

ADOPTION OF MEASURES NECESSARY FOR CONTROL

a. Segregation of all inmates with tuberculosis in tuberculosis wards. Where no tuberculosis wards exist, necessary provisions will have to be made to segregate cases found to have active lesions. Facilities for segregation are now available in all but six of the institutions.

b. Thorough study of employees with X-ray evidence of tuberculosis to determine their clinical status. To this end, admission to State or county tuberculosis hospitals may be necessary.

c. Examination of all new admissions by means of X-ray alone or by means of tuberculin test, followed by X-ray of positive reactors.

d. Preemployment X-ray examination of all new employees.

e. X-ray examination every six months of employees giving direct service to inmates, and every three months of employees in tuberculosis wards.

f. Active consultation service between the medical staffs of the division of tuberculosis and the hospitals regarding all phases of the control and treatment program.

g. X-ray reexamination study of the inmate population at the end of one year to determine future needs.

h. Establishment of a system of records which will provide necessary clinical, epidemiological, and statistical data.

i. Establishment of necessary prophylactic procedures, and the institution of an educational program on prophylaxis and prevention of tuberculosis for all nurses, attendants, ward workers, and others closely associated with the inmates, particularly those in the tuberculosis wards.

In considering methods of control, may I compliment Dr. Corcoran on the plan which he has developed for his institution. It should be stated, however, that through your schools of instruction, both for nurses and for attendants, a thorough educational and demonstrative program on the technique of nursing and patient care from a prophylactic standpoint should be developed. The State Department of Health would be very willing, I am sure, to have its State tuberculosis hospitals used as laboratories for the actual instruction and demonstration in your nursing schools. A short period of residence at one of our State tuberculosis hospitals would probably

be required for at least one or two key persons responsible for the education and instruction of your nurses and other employees.

Unlike many of the acute communicable diseases, there is a very serious question that tuberculosis, as a major problem in your institutions, can be satisfactorily brought under control by one series of X-ray or other examinations and the segregation of those cases which may be discovered by such examinations. As you probably know already, the onset of tuberculosis not only is frequently very insidious but the period of time between that of primary or secondary infection and the manifestation of pulmonary lesions varies greatly. For this reason, some plan for the follow-up study, at least of selected groups of your patient and employee population, will of necessity have to be developed.

I hope that at this time you will feel perfectly free to discuss the details of this program or ask any questions which may appear to you as being important. Moreover, as time progresses, I hope you will not hesitate—all of you from Dr. Tiffany and the superintendents down—to request advice, consultation, or suggestions from the State Department of Health. The members of our staff and especially Dr. Weber, who will be responsible for the conduct of this program, stand ready to lend whatever assistance may be required.

I would like to present Dr. George W. Weber. Dr. Weber, by virtue of his actual experience at Binghamton, and again at Craig Colony, will be able to present to you some of the details which he has found satisfactory and which have unquestionably produced a satisfactory program. After Dr. Weber has discussed these details, I hope you will feel perfectly free to bring up questions.

DR. WEBER: I hope I am not going to take too much of your time, but as I am the one who has to do the dirty work I will have to explain a little of what my job is to be. I mean dirty work because I have to get the help from you. As Dr. Plunkett has told you, we are organized so that the work will be done by one of our technicians, under the supervision of one of our clinic physicians; but for the rest, we need to have help from the institution. Our goal is to X-ray at least an average of 1,000 patients a week; that is about 200 a day, sometimes 220, sometimes 180, that is according to the condition of the patient. In order to do that, we need two or three people to help us. The patients who come from the wards have to be accompanied by at least two attendants. One attendant will have to watch while the patients are waiting for the X-ray, the second attendant will have to give the name of the patient to the stenographer so that the patient can get an X-ray without confusion. These attendants occasionally will have to help in holding the patient against the screen.

As far as I know from our experience in Newark, in Binghamton, and in Sonyea this month, most of the patients cooperate quite well, but occasionally we have trouble, especially if a stranger tries to place the patient against the screen for the X-ray. If it is an attendant on the ward, the patient will be more willing to cooperate. The number of these patients who need to be held against the screen is not so large, I would say about 10 per cent.

If either the doctor, or technician, whoever is in the X-ray room, were to do that job day after day throughout the entire survey this individual would be subject to exposure every day. However, if he is an attendant from the ward who has to take care of only his own patients, that would mean five or six exposures during the day, and the amount of exposure would be so small there would be absolutely no danger of having bad results.

As to attendants from the wards, when we are dealing with agitated patients, we shall need perhaps some more attendants. This will depend upon the character of the patients. Then, we would need a stenographer. It might appear a little bit superfluous and luxurious to have a stenographer there just to take the name of the patient and type it down, but it is necessary, because unless we have somebody responsible there to do this when the patient is being X-rayed, we are in danger of mixing things up. If we find a patient who has a lesion and the X-ray number is wrong, the entire run of X-rays for that day will be wrong, so in that respect we have to be very careful.

Then we shall need an attendant who will place the patient against the screen, will change the number on the screen and will change the film. He does these things, helped by our technician. The thickness of the chest has to be measured. Once this operation has been done the technician and the attendant go behind the screen, and neither of them is in danger of exposure.

So, we need attendants from the ward, a stenographer, and one attendant in the X-ray room.

As we plan to develop the films as soon as they are exposed we shall need a technician in the dark room to develop films so that they dry during the night and are ready the next morning for interpretation. In addition, the dark room technician will have the job of changing the films in the cassettes. If we want to take an average of 40 to 45 exposures an hour, that is in 50 minutes, you will see that it is necessary to have somebody there capable of doing the job very fast.

I realize that all the institutions are short of personnel. Frankly, I am getting used to the same argument. As soon as I approach a superintendent, he states he is short of help. On the other hand, we have been going

to Newark for years, every six months. Dr. Witzel, and before him, Dr. Vaux, have practically turned over the institution to us, there is nothing they will not do for us.

We tuberculin test about 1,500 patients once every six months, and about 800 are X-rayed. We start on Monday and are through on Friday. We went to Binghamton last year, and we X-rayed 1,000 within two weeks. When we went to Sonyea at the end of August we went there with our fingers crossed. It was our first institution that we were going to survey completely, and we were afraid of meeting with some difficulties. We did the work there, we X-rayed 3,085 patients and employees in 14 days with an average of over 220 patients a day. Dr. Shanahan and his staff supplied us with all the help we wanted—attendants, stenographers, X-ray technicians, everything. Therefore, when I come to see you and you tell me you are short of help, as Dr. Corcoran told me yesterday, I am a little bit skeptical. We shall start here on Monday and I am sure that we are going to get all the personnel we need.

I do not want to take any more of your time. The only other thing is that with Dr. Corcoran's permission we have set up a unit in the tuberculosis wards of his hospital and if you want to see its operation before lunch time, that is in about 20 minutes, I think we might go down there and see how it actually works, and at the same time see a tuberculosis unit of which I think Dr. Corcoran ought to be proud.

THE CHAIRMAN: Thank you, Dr. Weber.

As you see by the program, there is to be a general discussion of this subject and I hope superintendents will participate freely by asking any questions of Dr. Plunkett or Dr. Weber that happen to come to their minds. In order to open the discussion I think perhaps it would be wise to call on Dr. Shanahan, as the survey has just been completed at Craig Colony, to make any comments that he cares to make regarding the needs for cooperation with the representatives of the Department of Health and mentioning any difficulties that may have occurred and the reaction to the results of the survey. Dr. Shanahan, do you care to make any comments?

DR. SHANAHAN: Dr. Weber came to the Colony two or three weeks before the survey was to start, and we discussed things in a general way and laid out a program which, when the time came, moved along we thought quite smoothly, and without any interference with the regular work of the institution. There were no difficulties, I issued a bulletin that all employees without exception were to be X-rayed. I heard that two or three questioned it, but they all appeared so that all on the place, employees and members of their families were X-rayed. There was no exception. Of course we were

glad to know that the findings were low, that we had only two employees out of 500 who showed any type of infection at all. They were both minimal. The number of positive findings among the patients was much lower than we had thought would be the case.

What is to be done in regard to the segregation of these patients and their care, is something for the future.

THE CHAIRMAN: Do you care to comment about that aspect of it, Dr. Shanahan—on what might be done?

DR. SHANAHAN: Temporarily, we might segregate patients in existing buildings, but I do not think that could be carried out satisfactorily over an extended period because we are already overcrowded with cases of the infirmary type. The matter of new construction is not to be discussed at the present time but will have to be some time. We might arrange provision in a new building, something of the type that Dr. Corcoran has here. We have had some experience with one-story buildings of a not too costly type of construction.

THE CHAIRMAN: In view of the fact that considerable work in surveying patients has been accomplished at Newark, I think it might be well if Dr. Witzel would make some comments.

DR. WITZEL: I might second Dr. Shanahan's statement. When Dr. Weber and his assistants came to the school we had no difficulty whatsoever. Everything went along very smoothly. In fact, I might say we hardly knew when they came and went.

We have at the present time 43 female patients and 23 male patients with tuberculosis who are isolated. We have isolated the male patients in a wing of the male hospital building and the female patients on the second floor of the female hospital building. We have room in the future for male patients, but, for female patients, we have used every available bed at the present time.

Just recently, Dr. Weber, with his assistants, X-rayed patients in our colonies, and those in family care at Walworth; and out of the 400 patients examined, we found two who had to be brought back to the institution and isolated. As far as I know, only two of our employees have been found to be suffering from tuberculosis—one, a male, who had been checked by X-ray and a woman who had not been X-rayed at the school, but whose condition was discovered clinically. They were not working directly with tuberculous patients. At present, they are being cared for in a State sanatorium.

Since the first of the year, all new employees have been X-rayed, and I am glad to report that not one has been reported back as positive. That has been a fine thing. I hope we can carry that on. The survey at Newark was started in 1936. There have been no problems at all. We have been short

of help, but by this time the personnel are well trained in assisting Dr. Weber and his assistants, and there is no difficulty whatsoever. I heartily endorse the proposed survey to be made at all our institutions.

THE CHAIRMAN: A survey was made last summer as Dr. Plunkett and Dr. Weber indicated at Binghamton when use was made of the 14" x 17" films, the 4" x 5" films and 35 mm. films. I understand it was found to be practicable to use the 4" x 5" film, and something like 1,000 cases were surveyed there, and I believe all of the employees. Dr. Young, I believe, is here from Binghamton. We would like to hear something from you, Dr. Young.

DR. YOUNG: Dr. Weber's group visited Binghamton in October, 1940. I must say that the comparative study ran along very smoothly, and we will be glad to have him return. Dr. Weber X-rayed approximately 1,000 patients; the results were set forth in detail in the "American Journal of Public Health" in the August, 1941, issue, and summarized by Dr. Plunkett this morning.

At Binghamton, he found about 4.7 per cent of previously unrecognized cases of tuberculosis among the patient population.

The 14" x 17" film, the 5" x 7" film and the 35 mm. film were used. The 4" x 5" film was found to be less costly than the 35 mm. film, as well as the large 14" x 17" film, as retakes were required in fewer of the doubtful cases.

A plan has been in effect for some time in Binghamton of X-raying the new incoming employees, and having chest X-rays of those employees who work in the tuberculosis division, with a repeat X-ray every six months of the latter group.

I am glad to know that a long-range plan for care of tuberculosis in mental hospitals is being arranged by the Department of Mental Hygiene, as a result of the studies made by Dr. Plunkett and Dr. Weber.

The plan is to continue this study, using the 4" x 5" film, and, as Dr. Weber has just said, he expects to be in Binghamton the latter part of this coming month.

We, of course, shall have the same problems that all the other institutions will have; namely—finding a place to care for those newly-found cases. If the tuberculosis pavilion is completely screened out, so that we can move some of our non-communicable cases from that unit, then we can take care of at least a part of those communicable cases who are found throughout the rest of the hospital.

THE CHAIRMAN: This discussion is now open to the Conference. Perhaps Dr. Corcoran might care to continue the discussion in view of the fact that new facilities have been provided here for patients. Dr. Corcoran.

Dr. Corcoran read the following paper on "Tuberculosis Control in State Institutions:"

DR. CORCORAN: General mortality due to tuberculosis has shown encouraging decline during recent years. Nevertheless, public concern about this menace has been on the increase; and with increased concern, we have now at our disposal better facilities and equipment with which to work for a still further reduction of the mortality rate. The first step in any plan for the control of tuberculosis in our State institutions is to obtain a thorough knowledge of its morbidity and then proceed with hospitalization and the prevention of contagion. Much of what I shall have to say will refer to the situation in this hospital.

During the last fiscal year (July 1, 1940, to June 30, 1941) 105 patients were diagnosed as tuberculous in this hospital. Forty-five of this number were admitted during the fiscal year and either had active tuberculosis on admission or developed it during their first year of hospital residence. Sixty had been in the hospital for a varying number of years and had not previously been diagnosed as tuberculous.

This check-up shows that the percentage of those having tuberculosis on admission or developing it during the first year of hospital residence (approximately 2.6 per cent) was greater than the percentage reported as developing in the patient population of the hospital as a whole (less than 1 per cent).

More light has been thrown on the incidence of tuberculosis in this institution in a survey made by Dr. Biglan of all the deaths due to tuberculosis over a period of 51 years (1889 to 1940 inclusive). This survey showed there were 2,494 during this period (1,319 male and 1,175 female). The total number of deaths from all causes was 16,195 (9,752 male—6,443 female). The percentage of deaths due to tuberculosis, compared with all the deaths during the period of 51 years, averaged 15.4 (13.5 per cent for males —18.2 per cent for females).

In the dementia præcox group there were 1,531 deaths due to tuberculosis out of a total of 2,494, divided as follows, 831 male and 701 female. This was approximately three-fifths of the total number.

The age at the time of death of all patients who died in the hospital during the 51 years was approximately 10 years older than the age of those who died in the hospital from tuberculosis. Nevertheless, the average hospital residence of tuberculous patients was longer than the average hospital residence of all cases. This was because tuberculous patients are not as easily paroled or discharged as other patients. The larger the institution's tuberculous population, the greater the cost to the hospital, due not only to the fact that the care of tuberculous patients is more costly but also, as

just stated, because they are poor parole prospects and tend to remain in the hospital until death.

During the last fiscal year, there were 534 deaths from all causes in this hospital, of which 56, or 10.48 per cent, were due to tuberculosis.

You will note the death rate due to tuberculosis for the last fiscal year was much less (10.48 per cent) than the death rate for the 51-year period preceding it (15.4 per cent).

Employees

Needless to say, the knowledge of the incidence of tuberculosis in the employee population must also be an integral part in any control plan.

In order to be brief, I shall confine myself to the incidence of tuberculosis in the personnel during the last fiscal year only, and that, I shall summarize.

Of the applicants examined for employment for the first half (July 1, 1940, to December 31, 1940) 6.83 per cent of the males and 9.09 per cent of the females were rejected because of tuberculosis. During the last half of the fiscal year (January 1, 1941, to June 30, 1941) 8.17 per cent of the male applicants and 9.24 of the female applicants certified from the civil service list were rejected because of tuberculosis.

During the last fiscal year, five new cases of tuberculosis developed among our employees who had been employed continuously in the hospital from two to 10 years. These cases were detected soon after the disease became active and all were considered of the minimal type. Each case has been disposed of in accordance with the progress of the disease, and early detection has afforded a favorable prognosis in all the cases.

Prevention

The control of tuberculosis necessarily implies, to a large extent, prevention of the development of new cases. Usually this development takes place through either of two ways. First, and the one in which we are chiefly concerned, is some contact, either directly or indirectly with an already active case of the disease, resulting in a dosage of the tuberculosis bacilli sufficiently massive to overcome ordinary resistance. The second way in which a new case may occur is for a person to develop an abnormally low resistance which would allow such an individual to succumb to an ordinarily sub-infective dose of the tuberculosis bacilli or would promote the reactivation of an old previously healed lesion.

Prevention applied to patients

The preventive measures for all patients entering this hospital consist of a physical examination, including X-ray, immediately on admission and

the immediate hospitalization in the tuberculosis unit of all active tuberculous cases. Early detection of activity is more than half the battle in preventing contagion. The suspected cases are carefully watched, and repeated X-rays are taken until a proper classification can be determined. For patients throughout the hospital, repeated examinations, including X-ray at stated intervals, must be made. Those found active are hospitalized in the tuberculosis unit; and notations are made on all suspected cases so that they may be reexamined and classified as indicated. Cases sent to the tuberculosis unit are grouped in the following manner according to the stage of their disease process. The physician in charge of the unit is putting the plan into effect:

I

Patients with X-ray evidence of tuberculosis, those with symptoms, temperature, pulse or laboratory evidence suggesting activity and all those with positive sputum are to be kept together on the same ward, with precautions observed to prevent cross-infection.

The laboratory evidence of activity will include sedimentation times, differential blood counts, and repeated X-rays to show changes in the lesion. Sputum shall not be considered negative until the following tests have been done. three consecutive daily smears, a concentrated sputum examination, culture or animal innoculation of the sputum, an examination of the gastric contents and, finally, culture or animal innoculation of the gastric contents.

II

Those without symptoms or laboratory evidence of activity and with a negative sputum and with X-ray evidence of healed fibrotic or calcified lesions of adult or secondary tuberculosis are to be segregated from the first group and kept under observation with frequent examination, including X-ray. All arrested and inactive cases should be known and kept under close scrutiny. Patients with active tuberculosis, non-pulmonary, are treated in accordance with the locations of their diseases and the possible chances of contagion.

PREVENTION APPLIED TO EMPLOYEES

All applicants receive a careful examination, including X-ray, before employment, and all employees not connected with the tuberculosis unit have X-ray examinations at regular intervals.

Special consideration is given those employed in the tuberculosis unit. These employees have more complete physical check-ups and at more frequent intervals. Efforts are made to maintain a high degree of resistance.

Extra nourishment is provided during the hours of duty; adequate rest and outdoor recreation are encouraged. Arrangements have been made so that ward workers in this unit may change from duty uniforms to street clothing on leaving the buildings, and shower facilities are being provided for workers' use. When an employee is working with a patient, either the patient or the employee wears a mask. One mask is not used longer than half an hour; and the mask is usually changed after caring for a single patient. Masks are disposed of in the incinerator in the same manner as sputum cups, which are collected regularly twice daily.

Special precautions are taken in the handling of food, laundry and equipment. All supplies and equipment enter the tuberculosis unit at certain designated points. All utensils and equipment leaving the tuberculosis unit, if they have been subject to contamination, are sterilized.

Food

The kitchen is in the center of the unit. It is kept free from contamination, and food stuffs entering the kitchen are transferred to kitchen containers on the kitchen platform. In taking food from the kitchen to the dining rooms, such foods as may be handled in this fashion are transferred on leaving the kitchen to dining room containers. Such foods as must be served from the containers in which they are cooked go to the dining room or to the wards, as the case may be, in the kitchen containers; but before the containers are returned to the kitchen they are washed in the dish-washing room attached to the dining room and separated from the kitchen. From this dish-washing room, they are transferred to the sterilizer, which is located at the wall between the dish-washing room and the kitchen and which opens on its other side into the kitchen, so that when these containers are returned to the kitchen they are thoroughly sterilized. After the sterilization, they can be handled only by kitchen employees.

Laundry

The next item of major importance is the handling of laundry. All clothing leaving the tuberculosis unit is taken in a special conveyance to a special section of the main laundry for the tuberculosis clothing. Here it is sorted and passed into the sterilizer washing machines. These sterilizer washing machines, of which we have four, are built into the wall which separates the tuberculosis sorting room from the main section of the laundry. These washing machines have openings on each side of the wall in which they are built. The clothing is removed from the machines on the side where the machines open into the main laundry. This prevents the entrance of any

tuberculosis clothing into the main laundry which has not been previously thoroughly sterilized. In washing, the clothing is passed through several processes, the water used ranging from tap water temperature to 160 degrees Fahrenheit. All clothing, including white, soiled and heavy clothing, dresses and laundry bags remain in these washing machines 85 minutes. Each step is passed through automatically. Blankets go through the same process, except they are in the washers for approximately half an hour. The clothing is returned to the tuberculosis unit in a conveyance other than the one which brought the soiled clothing to the laundry.

Garbage

The garbage collected throughout the tuberculosis unit is destroyed in the incinerator located in the unit.

Without going further into detail, similar precautions to those indicated, are applied to all other activities relating to the operation of the tuberculosis unit. In this way, it is hoped that the tuberculosis group will be operated as a self-contained unit to such a degree that contagion will not be spread to other places and persons.

Dr. Gray (Gowanda State Homeopathic Hospital): I am not a confirmed pessimist—I am an optimist, believe it or not. As an illustration of my attitude, I am contemplating a fishing trip, next week, 200 miles north of Toronto, Canada. I am worried, nevertheless, about several things. One is in connection with a particular situation in our institution. By transfer, we receive patients from the Buffalo State Hospital, who have been diagnosed as tuberculous and, of course, we take care of our own tuberculous patients. In the last five years, the records show we have received 45 tuberculous patients from Buffalo State Hospital, and in the same period 49 of our own patients have been diagnosed as tuberculous.

Some six or seven years ago, our capacity was nearly doubled by new construction; and two infirmaries of three stories each were a part of the increment. On the top story of each building, for male and female infirm, two separate wards were developed for the treating of the tuberculous, each with a certified capacity of 28. At the time the buildings were completed, we did not have a sufficient number of tuberculous to warrant the use of all four wards for this type of patient. It meant a slight overcrowding to put each sex on only one ward in each building. At least, this was the opinion of Dr. Samuel W. Hamilton, when he made his recent inspection. With an annual increase in the number of new admissions from our district and an increasing number of transfers from the Buffalo State Hospital, we find it necessary to make changes in our classification, in order to provide adequate room for this type of patient.

In other words, we shall have to use both wards in each of the infirmaries, necessitating a considerable rearrangement of the present classification of patients and the changing over of our congregate dining room system into the cafeteria type.

I am worrying about another situation: A few evenings ago I attended a dinner in Buffalo, where the Mayor's Committee of One Hundred discussed the eradication of tuberculosis in up-State New York by 1960. If their plans materialize in a practical manner, a careful examination will be made of thousands of individuals in Western New York and the city of Buffalo for the determination of tuberculosis. We are bound to believe this will result in the discovery of many cases of tuberculosis in the epileptic, feebleminded and psychotic. In that event, I am satisfied our present capacity will be insufficient; and our small hospital will be unable to care properly for the tuberculous mentally ill sent to us.

If we do find my fears are confirmed, I am sure the Director of the Budget and our Commissioner will contrive to help us take care of this increase by additional buildings.

I am optimistic enough to believe this will be done.

THE CHAIRMAN: Is there any further discussion? There must be many questions from members of the Conference, superintendents, or members of the boards—Dr. Pritchard.

DR. PRITCHARD (St. Lawrence State Hospital): Perhaps if I had seen Dr. Corcoran's new tuberculosis unit I would not have to ask this question: Are we building today for all types of tuberculous patients? At St. Lawrence, there is a tuberculosis building erected within the last 10 years that has no provision whatsoever for disturbed patients, and as a result we have to care for disturbed tuberculous patients in other buildings. It seems as if for years it had been assumed that if a disturbed patient developed tuberculosis there was an immediate and complete change of personality and conduct—the patient would no longer break glass, be untidy and smear secretions about the room, would no longer be resistive or make assaults, and would be suitable for care in the type of building erected for the tuberculous. I would like to know if the recent units built have provision for the disturbed type of patient.

THE CHAIRMAN: I am sure there must be others who wish to participate in this important discussion.

DR. LOW: I would like to say just a few words as an outsider.

THE CHAIRMAN: You are very welcome, we are glad to have you, Dr. Low.

DR. LOW (Suffolk County Department of Health): I represent, as deputy commissioner, the county department of health. It has long been rec-

ognized in our department that these State hospitals in our county are foci of infection, in disseminating infection throughout our territory. Our county is chargeable for the care of a large percentage of these tuberculous patients that are either paroled or sent into our sanatoria. Then there is the economic fact that the State ought to take care of its own rather than shift them over to Suffolk County. I would like to say that we would appreciate and endorse as outlined here today the efforts of the State department in locating not only your active cases but those who are likely to become active. In other words, the X-raying of all your cases of mentally-ill patients and your employees, in my judgment, is the thing that will cut down your incidence of tuberculosis.

As a county effort, we are X-raying children and young adults, children of high school age because that is where the incidence is the largest. We do not find many young children with active tuberculosis, but we do find considerable numbers in the high school age group and in young adults like your nurses and attendants. The young people are the ones who contract and die of tuberculosis and the way to find them is not by listening with the stethoscope alone but by X-raying. I can only add my hearty endorsement of the activities of the State department which I hope will be unanimously well received by the hospital authorities. I thank you.

THE CHAIRMAN: It is suggested that we visit the tuberculosis unit for a period of about a half-hour before luncheon, and we have 15 minutes before half-past 12. I would appreciate your prompt discussion if you care to discuss this subject further.

DR. BELLINGER (Brooklyn State Hospital): It might be of interest to the others here to know what happens in an institution receiving a large number of patients each year. In this connection I would say that during the fiscal year 1939-40 at the Brooklyn State Hospital, with an average patient population of 2,848, and an admission rate of 2,460, approximately one-half men, only seven men who had been in the hospital more than a year and four men who had been in the hospital less than a year developed tuberculosis. Two women who had been in the hospital more than a year and 10 women who had been in the hospital less than a year were found to have tuberculosis.

During the last fiscal year, 1940-41, with an average patient population of 3,400 and an admission rate of 2,869, approximately one-half men, eight men who had been in the hospital more than a year and 17 men who had been in the hospital less than a year developed tuberculosis, while three women who had been in the hospital more than a year and 20 women who had been in the hospital less than a year were found to be suffering from this disease.

Practically all of the patients who had been in the hospital less than a year came to us suffering from tuberculosis and were transferred to another institution, where facilities are available for the care and treatment of patients suffering from this disease. Therefore, a comparatively small number of patients who had been in the hospital more than a year developed tuberculosis.

During these two years, only two employees out of more than 800 developed tuberculosis. One of them was the statistical clerk in the medical office. Each year before sending our student nurses to Kings County Hospital for affiliation, we give them a very careful physical examination which includes X-ray examination of the chest. These examinations are thorough and are made for the purpose of determining the exact physical condition of these student nurses upon leaving the employ of this hospital, so that if later they develop tuberculosis, the responsibility can be placed where it belongs. During the past two years, we have sent between 40 and 50 students to Kings County Hospital each year. Not one of them was found on examination to be suffering from pulmonary tuberculosis. Therefore, if we had much tuberculosis in our hospital, I believe these students would be likely to develop it during the first year of training.

We make a thorough physical examination of candidates for employment and do not take anyone who shows signs of pulmonary tuberculosis. We do not employ anyone who is known to be an arrested case of tuberculosis, although they may present certificates to the effect that they have been cured. I believe that the employment of people known to have had tuberculosis is unfair to the other employees and patients who may become infected from them. Then, too, they are likely to develop active symptoms and make an unjust claim for compensation.

I am a firm believer in constitutional make-up. I think that individuals inherit a certain amount of resistance to pulmonary tuberculosis and that in the selection of personnel who are to care for patients suffering from pulmonary tuberculosis, much attention should be paid to the family history. I feel that no one should be employed to care for tuberculous patients in a State hospital whose family history is such as to indicate an inherent lowered resistance to this disease.

THE CHAIRMAN: Dr. Plunkett has just commented that not many questions have been asked. Does any one care to ask any questions?

DR. MILLS: I have some questions but will save them for the time when Dr. Weber comes to Creedmoor.

It might be of interest to give you a little of the compensation angle from one institution. That has not as yet been mentioned.

A survey was made at Creedmoor by the Queensborough Tuberculosis and Health Association in January and February of this year. Including chest films that we had taken on new employees, training school members, etc., the survey covered 94 per cent of our officers and employees. Only four suspicious cases were uncovered, and only two of these were later shown to be active. However, this does not tell the whole story, as the actual incidence of tuberculosis among employees was five reported cases for the year 1939-40 and 10 for the fiscal year of 1940-41. It is about three years since we began reporting cases of tuberculosis to the State Insurance Fund, and, in all, 21 cases have been reported. To date an award has been made in six cases, claim disallowed in three, claim not pressed by one and 11 still pending. The tendency seems to be to grant the majority of the claims.

We were about to have the services of the Queensborough association for a survey of 1,500 patients in the buildings developing the most patient tuberculosis. When they learned that the State had planned a survey, naturally they did not wish to go through with it. In view of the fact that we were about to have this work done when the State plan was announced, I hope that Creedmoor will be relatively high on the list for State survey.

Dr. Shanahan stated that all of his people responded to his order that they report for an X-ray. Only 94 per cent of Creedmoor personnel responded to our request. I hope that when the State makes its survey, we can compel 100 per cent response.

THE CHAIRMAN: Dr. Mills comments about the compensation aspect of these cases. It is extremely important, and I am very glad to see Mr. Roger Williams of the State Insurance Fund here. I hope he will discuss this aspect of the subject.

MR. WILLIAMS: Thank you, Dr. Tiffany. I won't be more than a minute, but I would like to take the time to identify myself to this group so if anyone wants to discuss any particular questions they may locate me at their convenience.

I especially want to compliment this department for the constructive program which it has undertaken. I don't see how the State can require preventive measures of employers, and not be willing to set the example itself as to the necessity of such measures.

I think the institutions are very fortunate in that this work is being done by Dr. Plunkett, Dr. Weber and Dr. Siegal.

Before coming to the State Insurance Fund, some years ago, I was in the foundry business. I recall there were a great many unnecessary disputes because many of the doctors who were reading X-ray plates did not know how to read them correctly and could not judge how badly the normal chest

looks. You are very fortunate, indeed to have these men to make the determinations for you.

I want to commend you on this program you are undertaking, which seems to me a logical one and very similar in practice to the general program of occupational disease prevention in industry—which has produced very excellent results.

It is logical too from your medical-profession standpoint that prevention is the best activity and there is no question that comparable results will be obtained from this program.

As to the cost of compensation I am glad to have this opportunity to explain that the State Insurance Fund is simply acting as your insurance department. They do not create funds to pay these losses. They must charge the State on an incurred cost-plus basis so that funds will be available in the future to pay accrued losses.

Whenever a case is reported to the State Insurance Fund, an estimate of incurred cost is immediately set up; and that amount stays there until the final award, if any, has been made or until a change is warranted by developments. It will increase in amount as the age of that case goes beyond three years, unless the status of the case has been definitely fixed. It may go to a higher value based upon permanent total disability. So, you not only have to consider the desirability of putting a case on compensation, but you will have to consider the advantages of rehabilitation. I have no knowledge of your facilities for that aspect of the case. I want you to have some idea of the immediate cost against the State of New York as soon as a case is reported.

I want to emphasize too for your benefit the fact that of the entire State premium, the Department of Mental Hygiene, is taking approximately 51 per cent of the total; and that has been increasing since 1936 because of the high incidence of tuberculosis. This money is not our headache. It is the headache of all departments of the State, because they have to pay the bill. We are simply disbursing the money for you. We are not creating funds. I hope it will soon come about that each State Department will stand upon its own feet in the matter of responsibility for compensation costs.

The fact that the whole policy is lumped in the Department of Labor budget gives everyone else a sense of relief. It should not be so. It is not good business, and I believe the cost of segregating this expense is well justified. It should be placed in the hands of the heads of the departments and they should have a knowledge of the cost that is being incurred, against which they can properly figure a substantial saving from cleaning house and keeping it clean; and the ultimate saving will be far greater than con-

sideration of an additional appropriation now, where they don't see the offsetting factor.

I want to call your attention to the fact that under the Compensation Law only the Industrial Board has the responsibility of seeing that a deserving employee is compensated for his loss of earning power and that will be the viewpoint of the referees. Your opinion as medical men in an employing capacity is helpful but not final. If you have an employee who is injured as a result of his employment by the State, there is only one question and that is compensation for his loss of earning power. It is also necessary to prevent undeserving employees from coming into the picture by drawing remuneration to which they are really not entitled. From our viewpoint, we feel it is necessary to have the medical men pass judgment as to whether or not an employee is deserving; and we feel that they have the best judgment as to whether the employee was injured in the course of his employment, and, if not, the medical man should honestly tell the employee that it is his belief the employee did not receive the injury by reason of his employment, and the employee should make application on another form, C-3.

I don't deny the importance of informing employees as to their rights; but the minute you report that the employee incurred the injury while at work it is our duty to determine the facts on both sides. The matter of getting all the facts in the case is difficult in many instances.

You might remember a little story which lightly illustrates what I am trying to bring out. The story concerns a lad who secured employment at Macy's in the shipping department. He became very much interested in a young lady employee. They were very much in love. There was a whirlwind courtship, they were married and were planning a honeymoon on limited funds. She suggested that in order to save money, they might spend their honeymoon down in Virginia visiting her folks. So they went down to Virginia and when they arrived at her home he found they were colored. The lad might have been entitled to an annulment or separation or what not on the grounds of withholding basic information but in this case the young man did not take this action because he was colored too.

It is very important to get all the facts in each case.

I want finally to tell you that mine is the inspection department. It is our duty to visit your institution in the interest of accident prevention, and I am glad for the opportunity to thank you for the cooperation we have received. I regret that we do not have man power and time to visit as many of your institutions as we would like. I expect we shall be able to cover more ground after next month, because of a rearrangement of functions. If we don't get there as soon as you would like to have us, I would appreciate it if you would let me know and we shall try to have one of our men

visit your institution immediately, irrespective of the calls which we may have in other directions. We shall try to assist you in the determination of what action should be taken in troublesome situations.

I wish to assure you in general on behalf of the State Fund as a whole, of our desire and interest in helping you in every possible way. This is a very valuable and a very necessary work, and we will give you every possible assistance so you will find it of utmost value.

THE CHAIRMAN: Our time is going rapidly, but I am glad to see Dr. Kolb, superintendent of Suffolk County Sanitarium. I wonder if he does not care to speak just a word.

DR. KOLB: The subject which is being discussed this morning is one of considerable interest to me and has been for some years.

It is a great satisfaction to me that such an adequate program is to be inaugurated. It is a very complete one, and I think, perhaps the only one that can be carried on to produce effective results.

Of course, certain problems will be encountered. Dr. Weber mentioned one, the difficulty in securing a proper X-ray in a certain percentage of patients.

Another problem, of course, is what you are going to do with the cases which are found.

Dr. Corcoran has outlined a very efficient program in prophylaxis.

Prophylaxis is very difficult in dealing with mental cases.

I wish to express my deep approval of the program and hope that if I can be of any service, I will be called upon.

THE CHAIRMAN: I would like the Conference to know that Dr. Kolb has been very cooperative in visiting the institutions and cooperating with all the Long Island institutions. I know from personal experience.

I think I see Dr. Ross in the audience. Dr. Ross is chairman of the Board of Managers of the Suffolk County Tuberculosis Association.

DR. ROSS: I believe I have nothing to add to the discussion on the control of tuberculosis in State hospitals. As the president of the Board of Managers of the Suffolk County Tuberculosis Hospital, I am interested in the fact that 18 per cent of our beds are occupied by the employees of the State hospitals of the county. We are interested because of the occupancy of county beds when we already have a waiting list from residents of the county. In addition to this, Suffolk County bears the entire cost of operating its tuberculosis hospital, since the county has grown large enough to be denied State aid, beginning this year. From now on, the county must bear the entire expense. The Board of Managers are, therefore, interested in this program from an economic viewpoint. We, therefore, look forward to the time when the State hospitals will provide care for the cases of tubercu-

losis occurring among their employees. We have now a constant waiting list. Long time residents of the county frequently have to wait three or four or five weeks for admission.

THE CHAIRMAN: I will ask Dr. Plunkett to close the discussion.

DR. PLUNKETT: May I first express our deep appreciation for the interest that you have manifested in this program, not only this morning but during the times when we have actually contacted you at the institutions and in the central office of the department.

May I compliment Dr. Corcoran on the plan which he has developed for his institution.

It should be stated, however, that as time goes on, it will be necessary for the development of some reasonably comparable program in many of the other institutions throughout the State.

It is hoped that in your schools of nursing and in your attendants' schools, instructions will be given along these lines. It is hoped by visiting one of the tuberculosis hospitals, those in charge of your schools will acquire sufficient information and experience so that it may be transmitted to their nurses and attendants to keep them well as far as tuberculosis is concerned.

I want you all to feel perfectly free at any time, from Dr. Tiffany and the superintendents down, to request consultations, advice and suggestions. I am confident that this constructive program will grow in scientific interest through the Department of Mental Hygiene. It will accomplish a great deal; and, moreover, may I again assure you that the members of our staff and Dr. Weber stand ready to assist you in every way possible.

Thank you very much.

THE CHAIRMAN: It is now my painful duty to call upon Dr. Raymond G. Wearne, to give a memorial tribute for Dr. Ralph P. Folsom, former superintendent of the Hudson River State Hospital.

Dr. Wearne read his tribute (Page 53).

THE CHAIRMAN: I shall now call upon Dr. Corcoran to give a memorial tribute for Dr. Charles S. Parker, former superintendent of the Kings Park State Hospital.

Dr. Corcoran read a tribute (Page 54).

THE CHAIRMAN: Dr. Corcoran will you make any comment on how to reach the tuberculosis unit? And then we shall adjourn until after lunch.

Dr. Corcoran explained how members of the Conference could reach the unit. The Conference adjourned until after lunch.

AFTERNOON SESSION

THE CHAIRMAN: Will the Conference please come to order. We are a little behind on our schedule. A number of the members of the Conference wish to get trains, and it behooves us to move along as rapidly as possible.

The first paper on the program for this afternoon is one by Dr. Horatio M. Pollock, Director of Mental Hygiene Statistics of the Department and his subject is: "Forecast of Patient Population."

(Dr. Pollock read his paper (Page 7).

THE CHAIRMAN: Did Mr. Kibbe come in since the noon recess? I think not because Mr. Kibbe sent word to us that he had been ill and he felt he would not be able to be here. I am very sorry because he had made some studies of these figures and had projected them into the values of the cost of construction to keep up to the needs indicated by the forecast given by Dr. Pollock today. His figures were based on the present overcrowding condition, the annual increments up until 1950, and the replacement of such buildings as might need replacement, i. e., all old buildings. The figures are quite overwhelming as one might well imagine from the facts stated by Dr. Pollock.

Are there other comments from the floor?

Is there any discussion? If not, we shall proceed to the reports of committees.

The first is the report of the Committee on Nursing by Dr. John A. Pritchard, chairman.

Dr. Pritchard read the following:

MINUTES OF THE MEETING OF THE COMMITTEE ON NURSING

A meeting of the Committee on Nursing was held on March 28, 1941, at the DeWitt Clinton Hotel, Albany, and another meeting at 8 p. m. at the Central Islip State Hospital, September 26, 1941.

A letter from Miss McLaughlin, principal, school of nursing, Central Islip State Hospital, in reference to giving pediatrics to male affiliates, was discussed by the committee, and it was the conclusion that it was not desirable to make this request of the schools giving affiliation. The matter of the affiliates receiving instruction in dietetics was also considered, and it was the opinion of the committee that the students received ample instruction in this subject in the home school and that the experience received in the school of affiliation was not of much practical value and might very well be omitted. The Department of Education has been approached to learn if one month experience in the out-patient department could be substituted for one month experience in dietetics, but a reply has not yet been received.

A letter received from Miss Hawkins, secretary, State Board of Examiners of Nurses, regarding the possibility of obtaining deferment for students in training or affiliation was discussed; and it was decided that no action be taken, as it was felt by the committee that it would be practically impossible to obtain a ruling from the authorities in Washington covering this matter.

It was suggested to the committee that the Department be requested to approve the expenses of the principals or assistant principals of the hospital training schools to attend the meeting of the New York State Nurses' Association in Brooklyn the week of October 20, 1941, and that if such approval were granted that the Department be requested to send a letter advising each superintendent of a hospital having a training school. The matter has been referred to the Department for its consideration. If approval is granted, Miss Kranz of the committee, will arrange to assemble those attending for a special meeting with her to discuss training school problems.

A letter received from Mr. Doran, director of mental hygiene accounts, regarding a special course in massage given in training schools was read to the committee, and it was the opinion of the committee that no change could be brought about in this at present, owing to the regulations of the Department of Education. It was, however, the opinion of the committee that the expenditure of approximately $100 a year by a training school for this instruction was quite undesirable except for the necessity of complying with the rule of the Department of Education.

Some months ago the proposed qualifications of the Department of Civil Service for the position of assistant principal, school of nursing, were referred to the committee by Commissioner Tiffany for approval or suggestions. It was the very definite opinion of the committee that the requirements were too high, the chief objection being the college counts in teaching which had to be obtained following graduation. Few of our present, or past, principals could meet the qualifications suggested for assistant principal. It was felt that few candidates could qualify, that therefore no adequate list could be obtained by the examination. The proposed qualifications were not modified, the examination held, and it produced a list of four names. It was established the last of July and was exhausted within two weeks. Vacancies still exist in our schools that cannot be filled. It was the conclusion of the committee that this produced a serious situation regarding the successful operation of our training schools, and that the Commissioner be requested to contact the Department of Civil Service and of Education and endeavor to have another examination held for which the qualifications would be such that graduates of our own schools, lacking college postgraduate work, could be admitted.

In December, 1940, the report of this committee, accepted by the Quarterly Conference, recommended that students of our training schools be considered graduate nurses and be placed on our payrolls as such when they had successfully completed their three years of training. General Order No. 54 would of course be modified accordingly. Before it was aware of this action on the part of the Conference, the Department of Civil Service issued, in January, 1941, its procedure covering appointment of hospital attendants, which directed that such graduates be carried as attendants until they received their R. N. certificates, which was in accordance with General Order No. 54. It is the opinion of the committee that steps should be taken to have the Department of Civil Service recognize the action of the Conference in December, 1940, and change its instructions accordingly, and that the necessary modification of paragraph 2, General Order No. 54, be made by our Department.

A letter received from Miss Stella M. Hawkins, secretary, State Board of Examiners for Nurses, in reference to the holding of another and final State examination for T. N. nurses was considered by the committee. A canvass of the institutions in the Department revealed that few unregistered T. N. nurses were in our Department, and that those who were in either would not take a State examination, or probably could not pass one if held. Miss Hawkins was so advised and was informed that it was the opinion that the same condition would apply to unregistered T. N. nurses not in our institutions and that therefore the holding of the suggested examination would serve no useful purpose.

The following is a summary of information regarding the training schools:

	Men	Women	Total
Graduated in 1941	88	168	256
Total in schools September 15, 1941:			
Juniors	66	261	327
Intermediates	72	169	241
Seniors	69	159	228
	207	589	796

In addition, there are on military leave, six juniors, eight intermediates and four seniors, a total of 18.

The following table shows the number graduated by each hospital in 1941:

	Men	Women	Total
Binghamton	4	10	14
Brooklyn	10	14	24
Buffalo	2	5	7
Central Islip	11	15	26
Craig Colony	5	7	12
Creedmoor	4	5	9
Gowanda	4	4	8
Harlem Valley	5	7	12
Hudson River	8	10	18
Kings Park	5	8	13
Manhattan	5	14	19
Middletown	5	13	18
Rochester	4	8	12
Rockland	8	10	18
St. Lawrence	5	20	25
Utica	0	13	13
Willard	3	5	8
	88	168	256

The following table gives the number of students admitted to each school, the regular admission date being September 3, 1941:

	Men	Women	Total
Binghamton	0	13	13
Brooklyn	16	31	47
Buffalo	0	0	0
Central Islip	9	31	40
Craig Colony	3	9	12
Creedmoor	1	11	12
Gowanda	2	15	17
Harlem Valley	2	8	10
Hudson River	5	20	25
Kings Park	4	14	18
Manhattan	0	11	11
Middletown	6	17	23
Pilgrim	0	10	10
Rochester	3	9	12
Rockland	8	15	23
St. Lawrence	4	18	22
Utica	0	15	15
Willard	3	14	17
	66	261	327

The following table shows the number of students in the State hospitals and Craig Colony schools of nursing as of September 15, 1941:

	Total			Juniors			Intermediates			Seniors		
	M.	W.	T.	M.	W.	T.	M.	W.	T.	M.	W.	T.
Binghamton	10	30	40	0	13	13	6	7	13	4	10	14
Brooklyn	48	83	131	16	31	47	17	29	46	15	23	38
Buffalo	1	11	12	0	0	0	1	4	5	0	7	7
Central Islip	22	69	91	9	31	40	6	19	25	7	19	26
Craig Colony	15	27	42	3	9	12	6	9	15	6	9	15
Creedmoor	6	30	36	1	11	12	2	9	11	3	10	13
Gowanda	12	27	39	2	15	17	4	7	11	6	5	11
Harlem Valley	5	14	19	2	8	10	3	6	9	0	0	0
Hudson River	13	33	46	5	20	25	4	7	11	4	6	10
Kings Park	7	31	38	4	14	18	1	7	8	2	10	12
Marcy	0	0	0	0	0	0	0	0	0	0	0	0
Manhattan	0	11	11	0	11	11	0	0	0	0	0	0
Middletown	14	40	54	6	17	23	4	11	15	4	12	16
Pilgrim	0	19	19	0	10	10	0	9	9	0	0	0
Rochester	6	26	32	3	9	12	3	9	12	0	8	8
Rockland	26	31	57	8	15	23	7	9	16	11	7	18
St. Lawrence	11	46	57	4	18	22	3	13	16	4	15	19
Utica	0	38	38	0	15	15	0	9	9	0	14	14
Willard	11	23	34	3	14	17	5	5	10	3	4	7
	207	589	796	66	261	327	72	169	241	69	159	228

In addition to the above, the following students are on military leave:

	Junior	Intermediate	Senior	Total
Brooklyn	0	1	0	1
Buffalo	0	0	2	2
Central Islip	1	2	0	3
Gowanda	0	1	0	1
Kings Park	1	2	0	3
Rockland	2	0	0	2
Rochester	0	1	0	1
St. Lawrence	1	1	2	4
Willard	1	0	0	1
	6	8	4	18

J. A. PRITCHARD, M. D., *Chairman.*

THE CHAIRMAN: Is there any discussion by the Conference of the report of the Committee on Nursing?

If not, what is the pleasure of the Conference regarding this report?

It has been moved and seconded that the report of the Committee on Nursing be adopted.

Motion carried.

The next on the program is the report of the Committee on Home and Community Care by Dr. John R. Ross, chairman of the committee.

Dr. Ross read the following report:

REPORT OF THE COMMITTEE ON HOME AND FAMILY CARE OF INSTITUTION PATIENTS

The accompanying table shows the progress in family care during the past fiscal year. The total increase in patients placed by State hospitals during the year was 808, and by State schools, 248. This shows excellent progress. Family care has continued to gain since July 1. As of September 1, there were 1,039 mentally ill patients and 535 mental defectives living in families, making a total of 1,574.

GAINS IN FAMILY CARE DURING THE FISCAL YEAR ENDED JUNE 30, 1941

	Patients in family care	
	June 30, 1940	June 30, 1941
State hospitals:		
Binghamton	11	62
Buffalo	..	19
Central Islip	1	68
Gowanda	2	114
Harlem Valley	23	125
Hudson River	..	111
Marcy	12	50
Middletown	90	152
Pilgrim	1	50
Rochester	9	29
Rockland	..	29
St. Lawrence	4	68
Utica	44	78
Willard	5	57
Total	202	1,012
State schools:		
Letchworth Village	82	175
Newark	146	201
Wassaic	51	150
Total	279	526
Grand total	481	1,538

The value of family care becomes more evident as the numbers released from the institutions increase. In the first place, family care has decreased overcrowding in certain wards and released beds for the use of other patients in need of special types of care; in the second place, it has served as a stepping stone to parole. In the past fiscal year between 100 and 150 patients have been able to go on parole from family care. The great majority of these patients never would have been able to leave the hospital had it not been for the period of adjustment in the community by means of family care. A third factor is the educational value that family care has been to the community. The placing of mental patients in homes has given the community understanding of the problem of mental illness or mental defect and has brought resulting tolerance. It must be emphasized, however, that the most important value of family care is its effect upon the patients. Unquestionably the patients are responsive to this method of care, they take more interest in their environments and bask in the individual attention which they receive in the homes. Patients who have done no work around the hospital and have been difficult in other ways, have been found to work out a comfortable adjustment in family care. Often, they are able to contribute something toward family and community life. For instance, many women are knitting or working for the Red Cross or Bundles for Britain. The men, too, put their various skills, such as chair-caning and so forth, to good use when they are placed in homes.

The family-care program of the State of New York has aroused national interest. Individual institutions all over the United States, as well as various state divisions and departments of mental hygiene, have made inquiries about the program here with the idea of developing this type of care in their own districts.

There are certain hindrances to the development of family care at the present time. One is the attitude of some hospitals that working patients should not be placed in family care. It has been shown repeatedly that these patients, when placed in family care, often are able to work for their own maintenance, thus saving the State and, in some instances, they have been able to secure employment and plans have been made for their parole. Furthermore, when a working patient is placed in family care it offers a training opportunity for another patient for the institution.

A number of caretakers have mentioned the fact that it is almost impossible to make any margin of profit in the caring for patients at $5 to $6 a week. With the increase in the costs of living this is probably true and should have the careful consideration of the Department.

Another point regarding family care is that until it has developed well in a hospital and caretakers are trained to handle patients, there is a tre-

mendous amount of work involved. The social worker and the psychiatrist in charge, who approves the patients, find this job challenging but time-consuming. The training of the caretaker and the handling of various personal problems of the patient take time, thought and effort. Furthermore, supplying suitable clothing, incidentals and medical care for a relatively large number of patients is in itself quite a task. Since there has been no increase in social service to meet the increasing pressure of work which accompanies family care, a number of superintendents have assigned an attendant to handling these practical details of the patients' community adjustment.

In spite of the fact that there are over 1,500 patients placed in family care, there has been no increase in the social service staff for supervision of these patients except in three or four institutions where attendants have been assigned to supplement the services of the social worker. This is something that should be carefully considered. We have a community responsibility both for family care and parole patients which the social worker is equipped to meet. If both family care and paroles are to increase as anticipated, there should be an increase in social service.

In the coming year, to increase the placement of patients, it will be necessary to have all the physicians thinking in terms of patients for family care. With every newly-admitted patient, the physician in charge should be thinking in terms of either parole or family care as a means of releasing the patients from the hospital. Furthermore, each physician in charge of the service must be alert constantly to discover possible material for family care.

This committee feels that in spite of the great improvement under the present plan for financing family care worked out by the Department of Mental Hygiene, there should be a special appropriation for this type of care for patients. Family care has long passed the experimental stage and deserves to be stabilized by a fixed appropriation because of its proven worth both to the patient and to the State.

JOHN R. ROSS, M. D., *Chairman.*

THE CHAIRMAN: You have heard the report of the Committee on Home and Community Care. Is there any discussion? If not, what is the pleasure of the Conference regarding it?

It has been moved and seconded that the report be accepted.

Motion carried.

Next is the report of the Committee on Statistics and Forms by Dr. Horatio M. Pollock, the chairman.

Dr. Pollock read the following report:

REPORT OF THE COMMITTEE ON STATISTICS AND FORMS

To the Quarterly Conference:

Your Committee on Statistics and Forms met at the Psychiatric Institute on September 26, 1941. Five members of the committee were present. On invitation, Assistant Commissioner Lang attended the meeting and assisted the committee in its deliberations. Several important matters relating to institution records, reports and statistics were presented to the committee. The committee voted to make the following recommendations to the Conference and Commissioner:

1. That the Commissioner be requested to appoint a special committee to revise the books on rules for officers and employees and also the "Don't Book."
2. That the Statistical Manual for the use of Institutions for Mental Defectives, which had recently been revised by the Committee on Statistics of the American Association on Mental Deficiency, be adopted for use in the State schools of this Department.
3. That a new form for reporting movement of patients given shock therapy be adopted.
4. That the Seizure Chart now used by Craig Colony be adopted with slight modifications for use in the State hospitals and State schools.
5. That the statistical cards used in the occupational therapy departments be discontinued.
6. That Form 136-Med. now used for reporting of movement of patients in occupational therapy be revised.
7. That Form 24-Med., Ward Admission Record, be modified.
8. That Form 1-Med., History on Admission, be modified.
9. That three items be added to Form 22-Med., Statistical Data Sheet.

Respectfully submitted,

HORATIO M. POLLOCK, Ph.D., *Chairman.*

DR. POLLOCK: It is clear that the details of these recommendations cannot be presented to the Conference but I would say that they all received careful consideration by the committee. The changes are recommended to you, as it is believed they constitute an improvement in the records.

THE CHAIRMAN: Any discussion by members of the Conference of the report of the Committee on Statistics and Forms? Is there any question you would like to ask the chairman? If not, what is your pleasure regarding this report?

It has been moved and seconded that the report be accepted. All in favor indicate by using the usual sign. (Carried unanimously.)

Are there any other committees to report at this time?

Is there any unfinished business to come before the Conference?

Is there any new business?

Under new business I think it might be well to make the following announcement.

In the planning for the civilian defense program, certain institutions in the Department have been requested to furnish information concerning bed capacity reserve status, and other details of facilities available to local defense councils. It would be appreciated if institutions which have furnished such information would supply a copy to the Department, as discussion with General O'Ryan, director of the Civilian Defense Program, indicates the necessity for planning for the Department as a whole, especially in regard to the topics of evacuation and transfer of patients.

THE CHAIRMAN: If there is no other business to come before the Conference, motion for adjournment is in order.

The Conference adjourned.

MINUTES OF THE QUARTERLY CONFERENCE

DECEMBER, 1941

The Quarterly Conference of the Commissioner of Mental Hygiene with the superintendents and visitors of the Department's institutions was held on December 20, 1941, at the New York State Psychiatric Institute and Hospital, with the Hon. Dr. William J. Tiffany, Commissioner, in the chair. Besides representatives of the State hospitals and schools, many were present from the licensed institutions; there was a large representation of members of the Psychiatric Institute staff; and members of the United States Public Health Service were present. Dr. Tiffany called the Conference to order.

THE CHAIRMAN: The Conference will please come to order. The first thing on the program this morning is a few words of welcome from Dr. Lewis, director of the Institute.

DR. LEWIS: Dr. Tiffany, ladies and gentlemen. We of the Institute are always happy to have any one of you or your representatives as visitors at any time in the year; but we are particularly pleased with the custom of having the winter Quarterly Conference held in our midst. With the help and suggestions, and advice of Dr. Pollock, we have tried to arrange an instructive program. I know you all feel at home here, and can be assured that you are welcome to anything the Institute affords; and I hereby turn the whole building over to you, knowing from past experience that you will leave it relatively intact.

I shall be glad to proceed with the meeting according to Dr. Tiffany's instructions.

THE CHAIRMAN: Thank you very much Dr. Lewis, for your welcome. We are glad to be with you today.

I will call upon Dr. Lewis again for his report of the researches carried out at the Psychiatric Institute during the year 1941.

Dr. Lewis read his report.

THE CHAIRMAN: Thank you, Dr. Lewis for such an excellent report. I am quite sure I can express the feeling of the Conference and compliment you on the manner of presentation; especially the division of the different aspects of the work, the functional and the clinical aspects and then reporting the various phases of the work under the heading of each one of those pillars as you described them. I think that is an excellent way of presenting a report on the research work of the Institute.

Dr. Lewis' report is now before the Conference for any discussion or comment. If there is none, we shall thank Dr. Lewis and proceed to the

presentation of the next paper by Dr. William A. Horwitz, associate clinical psychiatrist, at the Institute; subject: "Factors in the Production of Spinal Fractures During Shock Therapies."

Dr. Horwitz read his paper.

THE CHAIRMAN: This is certainly a most interesting and timely presentation that Dr. Horwitz has given us, in view of our efforts to increase shock therapy throughout the institutions. I wonder why it is not possible to prevent that great flexion of the spine by an active restraint or resistance so that the patient cannot flex. Why not use a restraining band over the pelvis or lower abdominal region and one over the shoulder girdle, which are the points on which these forces work to cause this flexion? Why not mechanically prevent these great flexions? I am asking for information not criticising.

The paper is now open for discussion.

DR. WORTHING: Last spring at the meeting in Richmond of the American Psychiatric Association, we gave a paper from the Pilgrim State Hospital on the question of vertebral fractures and mentioned 60 patients who had been treated by electric shock therapy in which X-ray examinations were made before and after the treatments. In none of these cases had there been any evidence of fracture.

We continued making X-ray examinations before and after for 30 additional patients, making a total of 90 in all. The technique used in treating these patients to prevent fractures is hyperextension. The patient is placed on a flat table, sand bags are placed under the mid-dorsal region, and attendants make firm pressure against the shoulder and hips. In this way, a sufficient amount of hyperextension is maintained, and the muscles of the attendants act as shock absorbers when the patient is in convulsions.

In all of these 90 cases, X-rayed before and after, we found no evidence of injury according to our interpretation of X-ray plates. We felt that this was a sufficient number, and X-rays on succeeding cases were discontinued.

We have now completed a total of 350 patients, and we have had no clinical evidences of any injury to the spine. Electric shock therapy is not so simple as it first appears. I do not believe one can absorb the method in two or three days and then go out and administer electric shock therapy successfully. It must be studied, and the only way to learn the principles of electric shock therapy is through experience. I believe there must be team work. We use a well-organized team—the doctor, the nurses and the attendants work together. Each one knows his duties and can be depended on to carry out his part of the treatment at the proper time. I feel that this is much better than when different persons who have not worked together

before are brought in to take care of the patient. I feel I cannot emphasize too much the idea of team work in electric shock therapy.

THE CHAIRMAN: Are there others who have had experience with this kind of therapy?

DR. KALINOWSKY: We have had no evidence of fractures at Pilgrim since we started the treatment. Since I also give the electric shock treatments here at the Institute, together with Dr. Horwitz, it is a natural question why we have had fractures here and have not had in Pilgrim. I may add that last week I had the opportunity to speak to several psychiatrists of other parts of the country and that I got no reports about fractures.

No doubt, the radiological changes found by the radiologist in the Institute are visible; but the changes are extremely slight. If I am not mistaken, no fractures were found during a period of several months when another radiologist made the X-ray interpretations. Thus, different interpretation is obviously one reason for apparent differences in the occurrence of this complication.

The other explanation is certainly the "team work" as mentioned by Dr. Worthing. In Pilgrim, I was fortunate enough to work always with the same team. When I started, I told the nurse, assigned to my work, that avoidance of fractures would only be a question of her skill. The next day, she brought large sand bags, heavy and hard, like wood. They were very uncomfortable for the patient, but we obtained a perfect hyperextension and no fractures occurred.

It was due to the first paper by Dr. Horwitz and his coworkers on metrazol fractures that preventive measures were taken against these fractures. It is of special interest that the same author today could come to the conclusion that their occurrence can be reduced and that, if they occur, they do in no way jeopardize the patient.

THE CHAIRMAN: Are there others who may care to discuss this subject?

DR. CHENEY (New York Hospital—Westchester Division): In a report made last year at this meeting, we demonstrated with moving pictures our method of metrazol treatment, which included the manual prevention of flexion of the spine with the aid of three nurses. We have been using this same method recently with electric shock. We have treated about one hundred cases, and we have X-rayed the spines before and after the treatment in all instances; and the report is that there have not been more than two mild fractures of the spine. One was in the case of a stiff spine in which it was impossible to get hyperextension, and the other was a patient who had a short neck and very heavy shoulders so that it was practically impossible to get hyperextension.

I want to emphasize what Dr. Worthing has called attention to. I believe we should have the same nurses and doctors to carry out this treatment. We have detailed the same nurses and doctors for all our women patients, and they operate very smoothly and with expert coordination. They have seemed to develop a technique which appears to be very beneficial and prevents any serious number of fractures.

Dr. Worthing reported that the muscles of the nurses seemed to act as shock absorbers. I believe this is so and I think it is much better to use that method than to try to tie the patient down by a fixed contraption or some unstretchable kind of mechanism.

THE CHAIRMAN: Why not have a shock absorber on the band?

DR. CHENEY: That might be a good idea if it could be worked out mechanically.

THE CHAIRMAN: Is there further discussion?

DR. CARP (Board of Visitors, Rockland State Hospital): I have seen the various shock therapies for my own education, in order to try to ascertain whether something might be done from the anatomical, surgical and research standpoints to prevent complicating fractures.

I had opportunities to watch many convulsions as a result of metrazol therapy; and, subsequently, a report came out of Rockland State Hospital (Annals of Surgery, July, 1939) analyzing the combined statistics of all the State hospitals on fractures and dislocations complicating metrazol therapy. At that time, it was determined that practically all these injuries were produced by muscular violence. The mechanisms for the production of the various fractures and dislocations were stressed.

We were also interested in the roentgenograms of the spine following metrazol therapy. The initial sudden and quick jack-knife position of a patient in a metrazol convulsion was especially noticeable, and also the subsequent repeated, rapid and smaller flexions of the trunk. I think it is extremely difficult to draw any conclusions about the early symptomatic results in these fractures of the spine. We know from experience that late end results of such fractures produced by other traumata may show patients with root symptoms or with pathological changes in, and thinning of, the intervertebral disc or its prolapse.

The convulsions in metrazol therapy are probably the most violent produced by any therapy, and they are certainly more marked than those in electric shock therapy. It, therefore, becomes apparent that it is difficult to interpret the efficacy of the more recent methods in use to help prevent spinal fractures from the convulsions produced by electric shock therapy. It might be advisable to use a Bradford frame for hyperextension of the spine. Such an apparatus has more give to it, and it might absorb some of the

shock which Dr. Tiffany spoke about. If force is used to hold down the shoulders and lower extremities during a convulsion, I think that fractures might be produced, not so much in the spine, but rather at the necks of the femur and humerus. Counterforce tends to increase the action of antagonistic groups of muscles.

I think that Dr. Horwitz's demonstration of the positions of the bodies of vertebrae in various attitudes is extremely interesting, and it indicates the help which hyperextension will give to minimize the occurrence of fractures of the spine.

DR. BLAISDELL (Rockland State Hospital): I have a suggestion as to the table Dr. Horwitz uses. It is that the arched top might be made flexible, with the center fixed and the ends movable against resistance springs.

THE CHAIRMAN: Is there further discussion?

DR. HEAVER: Dr. Hamilton and I have been working with the various so-called shock treatments for several years at the New York Hospital—Westchester Division, in White Plains. It is our clinical impression that in general the muscular contractions produced by metrazol are far more vigorous than those seen during electric shock; also, they occur somewhat more gradually—there is a longer latent period preceding the metrazol convulsion. However, the latter mode of therapy causes a more abrupt and sudden onset of seizure.

There is one especial aspect of shock treatment that we deem very important: the preparation of the patient for the physical rigors of the shock itself. The physician should be careful to see that the patient's physical condition is satisfactory. A number of our patients have been in the older age groups, and we have seen to it that they have had a moderate amount of exercise. They have received high calorie, high vitamin diets, when the cases indicated, particular vitamin components were augmented in the diet. Patients whose preshock treatment spine X-rays suggested mild osteoporosis have been provided with vitamin D and calcium preparations.

There is another equally important factor in the preparation of the patient for treatment—and that is concerned with the psychological preparation. We spend considerable time explaining to the patient why we feel the treatment should be given. We answer any and all questions that we can. The patient receives a great deal of reassurance—both before and after each treatment. In this way, we feel that we minimize or completely avoid the panic reactions and abhorrence of treatment that many observers noted in their experience with metrazol therapy.

The use of an adequate pelvic binder is of great value. The sandbags we employ are of various sizes and thicknesses. We have found it more practical to use bags of larger size across the lumbar vertebrae and the

smaller bags cephalad over the lower thoracic spine. Dr. Hamilton and I have gotten on the treatment table ourselves in the hyperextension posture. It is a most uncomfortable position. In the manner of use of the sandbags I have just described, the head drops back toward the table from a somewhat elevated position. The sensation thus felt is that the circulation to the head is about to be cut off.

A nurse is responsible for inserting the mouth-gag. Another nurse holds down the thighs and knees with his body weight, while two other nurses each hold down the patient's shoulders against the flat table. Teamwork is of paramount importance. The contribution to smoothness of administration of shock treatment by a trained team of nurses or attendants is a tremendous factor in reassuring the patient.

The foregoing factors by no means include all that might be stated concerning electric shock technique, but they are some of the things that have aided us in preventing unfortunate and oftentimes avoidable untoward results. We have not had any fractures except in two of the female patients whose peculiar body builds made proper hyperextension of the spine difficult to achieve. There were no fractures of the spine on the male service.

Dr. Boudreau (Twin Elms): One thing that I have not heard mentioned here today, and I have found practical, is that for the comfort of the patient, sand bags be placed under the felt pad which lies on top of the treatment table. This permits of as full hyperextension as if they were on top of the pad. In connection with what has been said about root pains, it does not seem to me that such pains can be ascribed to the fracture itself —since the crushing occurs on the anterior surface of the vertebra which is, of course, remote from the intervertebral foramina—but should be probably ascribed to soft tissue damage such as due to swelling or hemorrhage. This is, of course, a condition which is not manifested in the X-ray but must be conjectured.

I should like to mention a patient whom I treated who had a hip pathology of long standing which was due, the X-ray showed, to fixation of the head of the femur in the acetabulum. I hesitated at first to treat him, but concluded to do so because of the improbability of the convulsions doing any harm to such an old lesion. We placed sand bags behind that knee so as to keep it in its usual position without tension, and a series of treatments apparently had no effect except those that might be ascribed to muscular strain.

The question of comparison between metrazol and electric shock action permits me to say that I have had one fracture of a minor kind with metrazol. This occurred, I believe, immediately in the first convulsion which was severe and came on immediately after the administration of the drug,

a condition which does not, I believe, occur in the electric shock and I do not think would have occurred had this patient been receiving the electric shock instead of the metrazol.

THE CHAIRMAN: If there is no further discussion, Dr. Horwitz, do you care to close?

DR. HORWITZ: I want to answer a few of the questions brought up in the discussion. For the past five or six months, we have used wide canvas belts to aid in holding the patient in the proper position. One belt fixes the pelvis; the other, over the chest, aids in hyperextension of the dorsal spine. As has been pointed out, there is danger of muscular injury if too much restriction of motion is obtained. Besides, the patients complain of an inability to breathe if the chest strap is too tight; and this increases the anxiety attendant to the treatment.

I quite agree with Dr. Worthing, Dr. Cheney and Dr. Kalinowsky that one factor that may account for the difference in the incidence of vertebral fractures in different institutions is the question of having one fixed team. This hospital (the Institute) has its own problem in that it is a training hospital for nurses as well as for its physicians. The nursing department has urged us to allow a rotation of its personnel so that a larger number could be trained in electric shock technique. As a result, we never had a fixed team, although one senior member of the nursing team was constantly in it.

There are certain patients, as Dr. Cheney mentioned, where it is difficult to get hyperextension. As I tried to show on the skeleton, the hyperextension should be maximum from D_8 upward to about D_1 or D_2.

I do not feel that it is the initial flexion movement that causes the injuries. Especially, since we have used the wide canvas belts, with the patient more or less fixed to the table, the acute flexion movement has not been allowed to occur. Whatever flexion did occur could not have been more than five or 10 degrees, and this is not sufficient to cause the fractures encountered.

THE CHAIRMAN: We shall proceed to the next part of the program which is "The New Nichols Building at New York Hospital—Westchester Division." Dr. Cheney has very kindly consented to tell us about it and present some pictures of the building. Dr. Cheney.

DR. CHENEY: Mr. Chairman, and members of the Conference.

The title which is announced by Dr. Tiffany is not exactly the one I had in mind, but I was a little late in getting the word to Dr. Pollock. What I had in mind was that you might be interested in having some account of an air-conditioned building for the care of disturbed women patients.

Some of you will recall that at the meeting before the Governor's Commission with respect to the retention of Ward's Island as a hospital, it was emphasized that the hospital filled a very distinct need for caring for stretcher and disturbed patients. At that time discussion was had as to whether a hospital could not be built in the center of the city, as it were, where such patients could be cared for so they would not have to be transported long distances and where the patients' relatives could visit conveniently. At that time, it was felt that the care of disturbed patients in the middle of the city might be difficult because of the noise made by the patients.

The same problem regarding the control of noise has arisen here at the Institute. I recall, in my time, that, not infrequently, the noise going out through the windows would distract and annoy our neighbors, and sometimes would draw a group of curiosity seekers on Riverside Drive. The same problem of control of noise prevails in general hospitals where there is an increasing trend to care for psychiatric patients. There is a good deal of feeling that disturbed patients cannot be kept in general hospitals for fear that they will disturb other patients and neighbors. The same problem arose with us when we were considering the erection of a building for disturbed patients. Not infrequently in White Plains, we had complaints from neighbors who would telephone us that we were disturbers of the peace, and there was always the possibility of our being complained of to the authorities as being a nuisance. In addition, the newly-admitted and convalescent patients were disturbed by the noise coming from the halls where we had our disturbed patients. So, when we decided to increase our facilities for disturbed patients, my first conclusion was that we would build, equip and operate a building which would have the windows closed.

That raised not a few problems, of course, but we think that practically all the problems have been solved. This building, the Nichols Memorial Cottage, which houses 20 patients of the most disturbed type, has been operated since March, and, because of the air conditioning provided, none of the windows of that building where the patients are housed has been opened at any time.

I thought I might show some motion pictures of the building and its special facilities which may be of interest and help to those of you who may have the problem of the care of disturbed patients. I think we have proven that a disturbed patients' building does not have to be drab and barren but can be made attractive, with safety; although this, of course, adds to the expense. Inside, safety screens and a special unbreakable glass have been provided in the patients' quarters so there are no guards or grilles. It is interesting to see the improved conduct of these disturbed patients—and we

have very disturbed patients, as disturbed as any in your State hospitals—after they arrive in this building. The cost, of course, is greater than for the usual hospital construction, but the principles which we have used—those of sound deadening and air conditioning might, we feel, be applied with advantage in State hospital or general hospital construction.

Dr. Cheney showed his motion pictures in color of Nichols Memorial Cottage.

THE CHAIRMAN: Thank you, Dr. Cheney, that is most interesting and I have no doubt we can use many of the principles that you applied in that type of construction, especially the acoustics. Perhaps we can get to the place where we can have windows that do not need to be opened; but the expense of ventilation and air conditioning thus far has been, I believe, prohibitive.

DR. CHENEY: I might add that a safety signal system is installed which lights a red light in the corridor and rings a bell in the nurse's station when a nurse in one of the treatment or bathrooms needs help.

THE CHAIRMAN: Does any member of the Conference care to make any comments on Dr. Cheney's presentation? Is it a fireproof building?

DR. CHENEY: There is no wood, except the wood doors.

DR. MILLS (Creedmoor State Hospital): I just want to say that I have been through that building twice. It is a mighty fine job. I think that the presentation of the pictures here should not be allowed to go by without thanking Dr. Cheney for coming and showing them to us and also complimenting him on the fine photographic work.

THE CHAIRMAN: Please accept that as coming from the Conference, Dr. Cheney.

If there is no other discussion, we shall proceed with the program with the reports of committees. The report of the Committee on Construction is first. Dr. Mills, do you plan to give a report for Dr. Garvin's committee?

Dr. Mills read the following report:

REPORT OF COMMITTEE ON CONSTRUCTION

A meeting of the Committee on Construction was held at Creedmoor State Hospital Friday morning, October 24, and there was discussion as to whether separate key changes should be retained for buildings for men and women patients. The committee unanimously favored having only one key change for all State deadlocks, Class "A." Discussion was also had relative to the best type of buildings and ward set-up for able-bodied continued treatment cases.

Later that day, an inspection was made of the Tri-Borough Hospital for tuberculous patients and of the Queens General Hospital, both in Jamaica.

The Tri-Borough Hospital for the tuberculous has only recently been completed and opened, and, when fully in use, will accommodate 560 patients. This hospital serves the boroughs of Queens, Brooklyn and Manhattan.

On Saturday, October 25, the committee visited Kings Park State Hospital, inspecting a number of buildings and special situations that were called to our attention by Dr. Shuffleton. The visit was primarily to see and discuss the adequacy of the provisions of building 15 which was designed to care for able-bodied patients. It was the consensus that the building was very well adapted to its purpose.

Yesterday, December 19, a meeting was held at the office of Commissioner Haugaard in New York City. Preliminary drawings were presented, showing a proposed type of building and group arrangement for the care of able-bodied continued-treatment patients at the new hospital at Deer Park. These were discussed and will receive further study by Commissioner Haugaard and his staff.

Respectfully submitted,

GEORGE W. MILLS,
Acting Chairman.

THE CHAIRMAN: What is the pleasure of the Conference regarding this report?

It was moved, seconded and carried that the report of the Committee on Construction be adopted.

THE CHAIRMAN: Next is the report of the Committee on Nursing, of which Dr. Pritchard is chairman.

Dr. Pritchard read the following report:

REPORT OF THE COMMITTEE ON NURSING

A meeting of the Committee on Nursing was held at the Hotel Commodore, New York City, at 3 p. m., on December 19, 1941.

The committee reports that in accordance with the recommendation made in its last report, Commissioner Tiffany communicated with the Departments of Civil Service and Education regarding another examination for assistant principal, for which the qualifications would be such that graduates of the State hospital training schools could be admitted. A conference was accordingly arranged in Albany which was attended by the following: Dr. Miller, Dr. Conroe and Miss Hawkins of the Department of Education; Dr. Haupt and Mr. Meacham from the Department of Civil Service; Miss Hall and Mrs. McLaughlin of the New York State Nurses' Association; Dr. Lang and Mr. Pierce from the Department of Mental Hygiene, and Dr. Pritchard and Miss Kranz of the Committee on Nursing. As a result of the

conference, it is anticipated that the qualifications for admission to the next examination for assistant principal will not require college credits, as at the last two examinations; but persons passing the examination and receiving appointment may be required to obtain such credits within a reasonable time following the appointment.

In accordance with a request contained in the last report, the Commissioner approved expenses of principals of schools of nursing attending a meeting of the New York State Nurses' Association in Brooklyn, in October last. Miss Kranz, member of the committee, arranged for a special session of these principals at which many matters were discussed, several of which have been referred to the Committee on Nursing and are receiving consideration.

A communication was sent to Miss Hawkins, secretary of the State Board of Nurse Examiners, advising her that there was a general feeling in the schools that the instruction received in dieteties by the students affiliating in general hospitals was not particularly valuable, inasmuch as it was largely general and the students receive at their home schools both class room instruction and diet kitchen experience. The request was made that consideration be given to the substitution of other, more desirable, general hospital experience in place of dieteties. Miss Hawkins in reply stated in part: "When our schedule permits us to again visit the schools, we shall be pleased to study, in particular, the situation regarding therapeutic diet experience, to ascertain whether this may be obtained in the mental hospital schools with full credit, so that the month now spent in the diet kitchen could be spent to better advantage elsewhere in the general hospital." Elsewhere in her letter she conveyed the additional information that no survey of the schools had been made for the last several years, and I therefore suggest, if you find yourself anticipating some early action, that you bear in mind the first four words quoted above—namely "When our schedule permits."

Respectfully submitted,

J. A. PRITCHARD,
Chairman.

THE CHAIRMAN: What is the pleasure of the Conference regarding this report of the Committee on Nursing?

It was moved, seconded and carried that the report of the Committee on Nursing be adopted.

THE CHAIRMAN: Next is the report of the Committee on Home and Community Care of which Dr. Ross is the chairman.

Dr. Ross read the following report:

Report of Committee on Home and Community Care

The Committee on Home and Family Care met last night and considered a number of problems developing in family care. The committee feels that the usefulness and practicability of family care has been fully demonstrated and that the time has now arrived when we should look to the future and make our plans. Since January 1, 1941, the increase in family care has been above 70 per cent. In the hospitals, the number has increased from 626 to 1,153, in the schools from 391 to 572, which makes a total of 1,725 patients now in family care. This means that the number in family care almost equals the total number of patients in the Utica State Hospital, and is greater than the population of the Syracuse State School, including its colonies. One hundred and fifty of the patients who have been in family care have improved to such an extent that it has been possible to place them on a parole status. Interest in family care is developing in many other states, and officials from these states have visited in New York to study our system. Illinois has appropriated $360,000 for developing family care in that state.

We wish to submit some recommendations for the future of family care, realizing fully that we can only make recommendations. We recommended a year ago that the goal for placement should be 1,000. That number was exceeded by over 700. The committee now feels that the goal for next year should be set at 2,500. More money will be needed if this number is accepted, and we are making recommendations relative to an appropriation. We recommend that a separate appropriation be obtained for family care, rather than have money used that has been appropriated for the maintenance of the institution. We recommend that the law be so worded that salaries can be paid from this money, if allowed. The reason for this will be explained later.

The cost of living is rising and, with more jobs available, it is going to be more difficult to find families who will take patients. We are therefore recommending that the minimum payment for a patient in family care be $4 a week and the maximum raised to $8 a week.

We recommend that when patients suitable for family care are first admitted to the institution, an attempt be made by the physician to interest relatives in assuming responsibility for all or part of the maintenance of these patients. Many patients, particularly seniles and arteriosclerotics, are suitable cases, and if relatives are contacted at the time of admission, they are more likely to be willing to pay for the maintenance of the patient, than if approached later after the individual has been some time in the institution. If they are able to contribute only a dollar or two a week, it would aid materially in reducing the State's expense for family care.

We recommend that one social service worker be supplied for every 75 patients, with an additional worker for every added 75, or a fraction thereof of not less than 35. We recommend that these workers be paid from money appropriated specifically for family care, if such an arrangement is possible.

We are recommending, because of the increase of family care, and because we feel that this increase can be maintained, that a bureau of family care be established in the office of the Commissioner.

Our final recommendation is directed particularly to the superintendents. Some of them have expressed the opinion that it would be far better for the welfare of the institution if patients who assist in the institution work were kept in the institution, rather than placed in family care, with the institution paying for their maintenance. We understand and sympathize with the difficulties that the institutions are having in obtaining sufficient and suitable help under the present civil service set-up; nevertheless the committee feels that because of this, no patient should be deprived of the privilege of adjusting himself in the community with the aid of family care.

We strongly recommend that a search be made among the various groups of the continued treatment patients for suitable cases to be placed in family care.

Respectfully submitted,

JOHN R. ROSS,
Chairman.

THE CHAIRMAN: Is there discussion from the Conference regarding this report? What does the Conference wish to do with it?

It was moved, seconded and carried that the report of the Committee on Home and Community Care be adopted.

THE CHAIRMAN: Next is the report of the Committee on Statistics and Forms, of which Dr. Pollock is chairman.

Dr. Pollock read the following report:

REPORT OF THE COMMITTEE ON STATISTICS AND FORMS

To the Quarterly Conference:

At the Quarterly Conference held at Central Islip State Hospital on September 27, it was recommended that the Commissioner appoint a special committee of two members to revise the official rules and regulations of the Department pertaining to officers and employees of the institutions. In response to such recommendation, the Commissioner has appointed a committee consisting of Dr. H. Beckett Lang, assistant commissioner, and Dr. Harry C. Storrs, superintendent of Letchworth Village.

Our committee has not held a meeting since September. However, the committee has under consideration the revision of Form 34-Med (physical examination guide). A revised form was recommended to the committee by Dr. Blaisdell of Rockland State Hospital. As the Utica State Hospitals Press has a considerable quantity of the present form 34-Med., it was felt that the adoption of a revised form could await the meeting of the committee.

We would call attention to the completion by the Committee on Statistics of the American Association on Mental Deficiency of a revised Manual for the Use of Institutions for Mental Defectives. Such manual is published by the National Committee for Mental Hygiene at 1790 Broadway. It is recommended that the revised manual be used as a guide for the preparation of statistics in institutions for mental defectives during the current year and thereafter.

Respectfully submitted,

HORATIO M. POLLOCK,
Chairman.

THE CHAIRMAN: You have heard Dr. Pollock's report. What is your pleasure regarding it?

It was moved, seconded and carried that the report of the Committee on Statistics and Forms be adopted.

THE CHAIRMAN: Are there other committees to report at this time? Is there any unfinished business to come before the Conference, or any new business? If not, Professor Foley has asked me to announce that the meeting of the Boards of Visitors will be held in this room, the auditorium, immediately after luncheon.

The Conference adjourned.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JULY 1, TO DECEMBER 31, 1941

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF NEW BUILDINGS, ETC.

STATE HOSPITALS

Binghamton

Work on the new power plant has progressed as follows: construction 98 per cent; sanitary work 86 per cent; heating 92 per cent; electric 70 per cent; coal handling equipment 89 per cent; and trestle 100 per cent.

A new 42-inch by 84-inch Hoffman Vorelone washer has been installed in the laundry.

New pressure reducing valves, steam strainers and traps have been installed in the steam lines to cooking kettles in the north building and Edgewood kitchens, and a new steam cooker has been installed in the north building kitchen.

Cement base boards have been installed in the east building.

A new cement wall has been constructed at the west end of the greenhouse, and extensive repairs have been made to the greenhouse.

Brooklyn

Construction of the new indoor exercise court and physical training building, begun in August, 1940, was completed in September, 1941, and the building was opened. A public dance was held in it for officers, employees and their friends on September 6. The affair was well attended, and the proceeds were applied to the bowling alley fund.

A new brick building has been erected near the tennis courts for tool storage.

Extensive repairs have been made to the roofs of the east, west and reception buildings, and to the slag roofs of the wings of the reception building.

The exterior of the east building has been repainted; painting of the exterior of the west and reception buildings is in progress; and several of the wards in the east and reception buildings have been repainted, all by WPA labor.

Three rows of park benches have been constructed along the north side of the athletic field, each of the two rear rows six inches higher than the one in front of it. These will furnish seating capacity for approximately

580 persons. Twenty-six benches of marble chips and white cement have been installed along the main walk in front of the east, west and reception buildings.

During December, the excavation for a five-family staff house to the east of building 10, was completed, and many of the footings were poured.

Buffalo

The WPA projects of redecorating wards, the moving out of window guards, and the painting of the outside sash and window frames have been suspended. The few workers engaged in these projects have been transferred to other WPA activities in the city.

New maple floors have been laid in the day rooms of wards 18, 19 and 22.

New steam piping and radiators have been installed for direct radiation in the north dormitories of wards 13, 14 and 15.

An auxiliary hot water heater has been installed in the kitchen of the female continued treatment service to heat the rinse water of the dishwashers of the service to 180° F., as recommended by the State Department of Health.

A room in the basement of the male continued treatment service has been prepared for the use of a men's physical training class.

Of administrative interest was the tracing of a case of scarlet fever which a patient developed to affiliating nurses who came to the hospital directly from training in the contagious division of a general hospital. The lesson is obvious.

Central Islip

Contracts for grading and concrete walks about building 93, employees' home, have been completed.

The work of renewing the underground cable to the fire alarm system has been advanced to 80 per cent of completion.

Two extractors, two flatwork ironers, and four presses were installed in the laundry.

Creedmoor

Very little progress has been made as yet on the contract for a new 1,200 K. V. A. engine and generator. The drilling of a well to replace old deep well No. 3 has been completed; the well has been tested, and it may be possible to use the pump from the old well and to move the pump house. A contract for repair of roofs of the bakery and of kitchen building 2 is approaching completion.

The WPA continues to be active and during the half-year, the following features were completed: a separate hot water system for the laundry; replacement of galvanized hot water lines with brass; installation of walk enclosures between buildings L and M and kitchen 2; alterations at the butcher shop providing a larger platform and new toilet facilities; installation of gutters and leaders over entrances to employee buildings W, X and Y; construction of a vestibule and renewing of the roof over loading rooms at the bakery; and an extension to the irrigation system at the farm.

Two features have been held up for months by inability to obtain materials. A contract was let many months ago for a hood and ducts for kitchen 1, but there now seems no likelihood of obtaining this in stainless steel. Steel sash for the extension to the shop building were promised but never delivered, and the windows had to be boarded up for the winter.

WPA features which are progressing and on which considerable work was done since July 1 include: landscaping and grading; repair of plaster walls; exterior and interior painting; completion of the road, walk and curb program; demolition of two buildings at the old sewage disposal plant; renovation of the interior of kitchen 2, including the installation of new equipment; retiling of floors in the central bathing sections of buildings O, P, L and M; installation of a roof over the loading platforms at kitchens 1 and 2; enlarging porches at staff cottages 2 and 5; renovation and installation of new equipment in the barber shop; repair of cork walls and ceilings in refrigerated spaces in the storehouse; and construction of a root cellar at the farm.

Hudson River

A continuing project for the changing over from indirect to direct heating in the central group building, for which a special appropriation was made, is in progress.

The interior of Inwood building is being repainted.

The renewal of the intake line of the water supply is completed.

The installation of a cafeteria style dining room on ward 5, has been completed. This will replace existing dining rooms on wards 4, 8 and 9 and eventually provide additional quarters for approximately 150 patients.

Work on a contract for the installation of control apparatus on four boilers in the power plant, has been started. The sum of $14,000 has been appropriated.

A continuing project for repairs to the roofs of the main building, and one for repairs to the roofs of the central group and Edgewood buildings have progressed to the extent of the funds appropriated.

Kings Park

Work on the new dairy barn and milk house is progressing satisfactorily, and a contract has been awarded for the construction of silos at the new barn.

A WPA project providing the hospital with hard surfaced roads and sidewalks around group 1 is in progress.

Manhattan

The east building, which accommodated approximately 200 patients, has been abandoned.

Because of the very high percentage of admissions of bed patients, wards 48 and 49 have been remodelled for the reception of women in this category.

The Mabon building, used heretofore for the reception of male patients, will be conducted as a medical and surgical service. The hydrotherapy unit on the second floor is being entirely reconstructed for an operating suite. When these changes have been made, the Keener building will admit both men and women.

Men engaged under the auspices of the WPA started work on August 21. Operations consist chiefly of plastering and painting, with such subsidiary activities as repairs to roofs and gutters. Many of the buildings have already been renovated and their appearance greatly enhanced.

The work in the Keener and Mabon buildings, the cafeteria, kitchen 3 and the laboratory has been about completed; and it is well along in the Kinnicutt and Higgins buildings. In addition to the interior walls, the exterior trim has been refurbished. Roofs and gutters of several of these buildings have been repaired or painted, and a new metal roof has been installed at the assembly hall. All buildings will be repaired and painted.

Under the heading of administration, a change has been made in the method of supervising visitors to patients. Instead of all proceeding to the administration office to obtain passes, as heretofore, they go directly to the wards where they receive the attention of the ward personnel. Arrangements have been made with the transportation lines to have the buses stop at points of vantage for the convenience of those who come to see the patients. This simplifies and facilitates matters and is much appreciated by their relatives and friends.

Movies and dances are now held at night as well as in the afternoon to permit working patients to attend.

Marcy

Overlea, formerly a colony for patients, which was discontinued due to the excessive cost of maintaining it, has been reconstructed to make available three apartments for employees.

The WPA project of $30,705 for the construction of tunnels to replace the old Mansville tunnels and for the installation of steam and water pipes which was started in September, 1940, was completed in September, 1941.

The WPA project to construct a concrete duct from the power house to the steward's residence, carrying steam lines for heating, was completed in October.

The $87,041 WPA project for grading, seeding, landscaping, transplanting trees, and the construction of sewer and water laterals for two comfort stations, was started in March, suspended in May on account of lack of WPA labor but was again started in November and is now 3 per cent completed.

In May, an extensive WPA project was approved for finishing, plastering and exterior and interior painting, but funds will be insufficient for all the painting proposed, and a supplemental estimate is being submitted.

Middletown

Dr. Walter A. Schmitz, superintendent, is now occupying the superintendent's residence, after renovation and redecoration.

A concrete tennis court and handball court have been constructed on the plaza near the power plant to provide recreation for patients.

The contract for roof and masonry repairs to the main building and east group has been let, and work has already commenced.

Pilgrim

The WPA project of finishing the basement of the assembly hall, building 26, has been completed. Bowling alleys, a soda fountain, counter and cases have been installed. The sidewalks, retaining wall and steps leading to the building were installed.

At buildings 81, 82 and 83, grading of the grounds, planting of shrubbery and trees and the laying of roads and walks were completed. On July 7, the contract was let for the painting of the interiors of buildings 81, 82 and 83, and this is nearing completion.

The repairs to the roof of the power house have been completed, as were those to the east and west stacks of the power house.

The grading and landscaping along G road has been finished.

The application of acoustical plaster in the staff room, and to the ceilings and corridors of the third floor of building 23, has been done.

The ambulance entrance drive to building 25 has been completed. Painting was started on the exterior windows of this building on which considerable progress has been made.

Rochester

Poles, transformers, etc., to carry electric current—formerly purchased from the city—to Garden cottage have been installed and put into operation. To provide living quarters for the master mechanic and his family, the Garden cottage is being remodeled into a two-family house, and one apartment has already been completed and occupied. This cottage had formerly housed 10 selected working patients but when the shift was made to an eight-hour day there was not enough room to take care of patients and the employees needed to carry over 24 hours.

Most of the roads around the hospital were planned in horse and buggy days, and the drive approaching the reception building, which has a row of trees on each side, has been a problem. This year, funds were provided to resurface this road, and the sidewalk, built along the side, was removed and placed outside the row of trees, giving an additional four feet for the road.

Rockland

The large addition to the shop building, begun as a WPA project last February, is now about 90 per cent completed.

WPA workers have completed the painting of the iron fence on the north and south sides of the hospital property; also the outside and part of the inside of the assembly hall.

A two-car garage adjacent to the superintendent's residence has been completed.

St. Lawrence

Under the WPA, work was performed on projects of painting, installation of electrical wiring, laying of hardwood floors, sub-basing of roads, and construction of a steam line duct.

The beauty service in central hospital east was relocated and enlarged, and the construction of new dental parlors at the main building is under way.

Alterations have been made at the carriage barn so that the hospital ambulances can be stored there.

Work is in progress in clearing excess trees and the overgrowth of underbrush from the river bank, and many evergreen trees have been set out.

Utica

A new six-inch, reinforced concrete roadway was constructed in front of Dunham Hall; this road is 478 feet in length and 16 in width. The parking space was lengthened 20 feet and covered with two inches of crushed stone.

Eleven hundred feet of iron picket fence along York Street was raised and the base evened with the sidewalk level, with a cement base under each post.

The WPA projects were completed on September 17. They consisted of painting and repair of masonry walls.

Willard

Extensive repairs to employees' quarters at Pines are under way.

A WPA project, the plastering and painting of the interior of the Hermitage has been completed.

STATE INSTITUTIONS

Letchworth Village

The construction of the new canning factory as a WPA project was completed in July, and the building was placed in operation.

An extension was placed on the front of the vegetable cellar of sufficient size to allow a truck to back in, so that the doors could be closed in front of the truck before the doors to the cellar were opened. It is hoped that this will prevent the freezing of vegetables, which has occurred in previous winters.

Newark State School

A new apparatus for chlorinating domestic hot water from the water pumped from the Barge Canal has been installed.

A new railroad switch has been installed by institution personnel at the power plant.

Much new shrubbery has been set out about the institution grounds. A number of broken concrete blocks have been replaced, and all sidewalks about the institution grounds have been put in good order by the institution personnel.

Work on the installation of meters for measuring sewage; and two new domestic hot water heaters in the boiler house, and replacement of the steam line to the laundry, is progressing, although the contractors have experienced difficult in obtaining some materials.

Construction of the new carpenter shop as a WPA project has progressed slowly, due to difficulty in obtaining structural and reinforcement steel.

The WPA work completed during the past six months has been as follows: a sidewalk and concrete gutter constructed on Church Street, extending from Clinton Street to the Stebbins cottage; the lawn in front of the

administration building graded and seeded; secondary roads retarred and covered with crushed stone; concrete ramp for taking wheel chairs up and down outside porch of the girls' hospital building built; automobile parking space provided north of the girls' hospital building; and the exterior of the buildings of the boys' group and Kane building repainted.

A new WPA painting project for the buildings of the school has been begun.

Syracuse State School

Water lines have been laid and concrete foundations made for drinking fountains at the playgrounds of each of the five school colonies.

The south wing of Edwards colony has been remodeled into quarters for the married couples in charge of that colony. By these alterations a much larger kitchen has been made possible, and the boys' dining room has been moved to the front of the house.

Under contract, a used generator has been transported from the Rome State School and reset. The completion of this project is being delayed by the inability to procure valves for the steam lines.

Contractors have nearly completed rewiring the main building, music hall and the boys' building. This work, when completed, will eliminate a serious fire hazard.

Wassaic State School

The old horse barn has for some time been considered a dangerous fire hazard. New walls have now been constructed of cement brick, the roof has been lowered, and the hay storage moved to an adjoining shed, separated from the barn by a fireproof wall and fireproof door. Another door has been added, so there is one at each end of the stables to expedite removal of horses in case of fire.

Cement sidewalks have been laid from "T" building to the tool shed; to the beauty parlor in "E" building basement; and in front of the boys' school building. A cement parking place has also been constructed in rear of the boys' school.

Craig Colony

The contract awarded in June, 1941, for rebuilding the intake well, power plant, painting the interior and equipment in the filter and pump rooms and laying a new six-inch line to the standpipe has not been started and from present indications may not be.

Iris cottage, gutted by fire in November, 1940, is being rebuilt by the Colony under special fund estimate.

NOTEWORTHY OCCURRENCES

STATE HOSPITALS

Binghamton

Dr. Samuel W. Hamilton, mental hospital advisor, and Dr. Vogel of the U. S. Department of Public Health Service, Washington, D. C., who are making a nation-wide survey of mental hospital facilities, visited Binghamton State Hospital, July 25 to 30.

Dr. Helen E. Elliott, senior assistant physician, attended a course in neurology and psychiatry at the Psychiatric Institute and Hospital from October 6 to December 12.

The school of nursing opened September 3 with 13 students. One, after three days in the school, decided that she would not adjust to nursing and resigned, leaving 12 in the class.

Dr. George Weber of the tuberculosis division, New York State Department of Health, began the survey of all patients and employees of the hospital. A total of 3,794 chest X-rays were taken. The results have not been compiled. Active cases have been isolated as rapidly as they were detected.

The annual Christmas sale of articles made by patients was in the occupational therapy center, December 4 and 5, with proceeds of approximately $500.

The usual Christmas parties were conducted for patients; and on the afternoon of December 22, the hospital's Christmas party was held in the assembly hall, under direction of Dr. Francis J. O'Neill. The entertainment was composed of tableaux and singing by patients, vocal and violin solos by employees, Christmas carols by the students and affiliating nurses, and an accordion band of young people from the city of Binghamton.

On December 19, Mrs. Helen VanWhy, representing the American Legion of Binghamton, gave a Christmas party for the ex-service patients on ward 42, Broadmoor. Each patient received a gift, a musical program was given, and refreshments were served.

Officers and employees contributed $306 to the Binghamton Community Chest.

Mrs. Mary A. Beaver, housekeeper, retired November 1, and Mrs. Gertrude Guild, laundress, retired on November 30, both because of physical disability.

Brooklyn

Dr. M. G. Westmoreland, representing the American Medical Association, made a survey of the hospital, November 7.

Dr. J. K. Hall, president of the American Psychiatric Association, accompanied by Dr. H. C. Henry, director of State Hospitals for Virginia, visited the hospital, November 21.

Dr. Frank Tallman, director of parole and family care study, Temporary Commission on State Hospital Problems, visited the hospital, November 26.

Drs. Matthew Brody and John M. Murphy attended the course at the Psychiatric Institute and Hospital from October to December.

Nursing school graduating exercises were held on September 13. The principal address was given by Miss Grace Reavy, president of the New York State Department of Civil Service. The class consisted of 11 men and 13 women.

On December 16, Senator Joseph A. Esquirol and Assemblyman Irwin Steingut, minority leader of the Assembly, addressed a meeting of the Association of Brooklyn State Hospital Employees in the hospital assembly hall.

The regular Christmas entertainment was on December 23, a three-act play with patient talent, together with appropriate musical numbers. The entertainment was well attended and much enjoyed by the patients, and the auditorium was filled to capacity. Christmas was also celebrated by the decoration of all wards, with a Christmas tree for each ward. Gifts were provided for friendless patients from a fund subscribed for that purpose by friends of the hospital.

Harold R. Lewis, attendant, died on August 8.

Buffalo

On July 22 and 23, several members of the staff attended a psychiatric symposium on selective service at the University of Buaffo. Dr. H. Beckett Lang, assistant commissioner, attended and also visited the hospital.

The occupational therapy department held its annual exhibit and sale at the Erie County Fair, Hamburg, from August 18 to 23 inclusive. That department reports attendance and sales even greater than in previous years.

The board of visitors held its annual election of officers on October 14. Dr. Harry H. Ebberts and Mrs. John R. Hazel were reelected president and secretary respectively.

It was not possible to have the annual field day for patients this year, because of a reduced personnel, too many new and inexperienced employees and a dysentery epidemic. However, September 16 was a day of activity for 300 patients. This was called "play day" and was similar to field day in many respects, but instead of some patients being spectators, all participated in the singing and competitive sports.

On September 24, commencement exercises for the graduating class of the nurses' training school were held at the hospital. Dr. Harry H. Eb-

berts presided, and Mrs. David Diamond, board of visitors member, presented the diplomas. The invocation, address, and benediction were by the Rev. Robert Galbraith, assistant pastor of the Annunciation Church, and Catholic chaplain of the hospital.

Miss Iona B. Riedel, principal of the school of nursing, attended the State meeting of the New York State Nurses' Association in Brooklyn from October 20 to 24.

Fifty of the hospital's graduate nurses are attending the 20-hour Red Cross course in first aid as a part in the defense program. Lectures and demonstrations are given weekly under the auspices of the local chapter of the American Red Cross. Also as a defense measure, Thomas Loughlin, chief engineer, has been designated to take a course qualifying him for the position of air warden at the hospital. Miss Virginia Mackowski, dietitian, is attending a "refresher" course for professional women in the field of nutrition. This is a 20-hour course sponsored by the federal administration on nutrition in the local defense program.

On October 16, Miss Groviene N. Sheldon, assistant social worker at this hospital since March last, resigned to accept the position of social worker at Willard State Hospital.

On October 16, Miss Helen Denison-Wheeler received a provisional appointment as assistant social worker.

Dr. Harry E. Faver, senior assistant physician, was appointed consulting psychiatrist to the Rosa Coplon Old Folks Home.

John J. Seibert, attendant in the occupational therapy department, died on August 26.

Central Islip

The new tuberculosis unit was opened for male patients on June 30 and for female patients on July 1.

Miss Nina Ridenour of the State Charities Aid Association came to the hospital, July 2, to discuss the selective service system, and on July 25 she held a meeting here with the superintendent and representatives of social agencies who are aiding the selective service system in proper selection of men and the rehabilitation of men who are rejected.

The Suffolk County Medical Society, with the Women's Auxiliary, met in Robbins Hall, July 30. Dr. Albert M. Biglan, senior assistant physician, presented a paper "Review of the Treatment of General Paresis."

On August 1, Albert Deutsch, author of the book, "Mentally Ill in America," came to the hospital with a photographer and took pictures which were used in a series of articles for "P. M." Mr. Deutsch came with the

approval and on the request of the National Committee for Mental Hygiene. The articles were presented to show the need for more liberal appropriations to supply additional trained personnel in mental institutions.

Four students were assigned by the Smith College for Social Work for field training in this hospital for the period from September, 1941, to June, 1942.

The semi-annual conference of stewards of the State institutions under the Department of Mental Hygiene was held at this hospital September 17 and 18.

The Quarterly Conference was held here September 27. The meeting was in Robbins Hall and was attended by more than 150 persons. The minutes and papers presented are published elsewhere in this issue of THE PSYCHIATRIC QUARTERLY SUPPLEMENT.

For the ninth time in the history of the 11-year-old patients' baseball league, the Jerry Vogel trophy was presented to the Central Islip Champions this year. The league was organized in 1930 in the hospitals of the metropolitan area. At that time, Mr. Vogel donated the first trophy which was to become the property of the team which won the pennant for three consecutive years. This team was Central Islip. Each succeeding year Mr. Vogel has donated a cup; and, with the exception of 1935 and 1936, Central Islip has finished first. The celebration for the winning team was held September 20. In addition to the silver cup, Mr. Vogel also presented to each player a medal upon which is inscribed his name and the position he played on the team.

The State Department of Health commenced on September 29 an X-ray survey for tuberculosis of all employees and patients in the hospital. This was completed in December.

The Temporary Commission on State Hospital Problems to study ways and means of increasing the number of patients on parole and in family care from all the State institutions has been making a detailed study of this hospital under direction of Dr. Frank J. Tallman. The project was started October 1, and one physician and three social workers of the assistant social worker grade have been temporarily appointed to make the survey.

The hospital complied with the trial blackout of Suffolk County on October 14. The blackout lasted for over one hour and was 100 per cent effective throughout the institution.

At a meeting in Creedmoor State Hospital on October 21, Dr. Jacob Cohen was elected president of the Long Island Psychiatric Society.

Dr. Laurence D. O'Neill, senior assistant physician, took a postgraduate course in neurology and psychiatry at the Psychiatric Institute and Hospital.

The New York State Nurses' Association held its biennial convention at the Hotel St. George, Brooklyn, from October 20 to October 24. The student council sponsored two delegates, and the alumnae association was represented by one. Many other students and graduate nurses also attended various sessions. As president of District 14, Mrs. Dorothy D. McLoughlin, principal of the Central Islip School of Nursing, was the official hostess and presided at the banquet. Mrs. McLaughlin was also elected secretary of the association. As chairman, Patrick Clerkin, chief supervisor, presided at the men nurses' luncheon and all business meetings of the men nurses' section.

Sponsored by the Red Cross, three courses in first aid have been completed. They were conducted by the doctors of the staff.

The alumnae association arranged a day's program to celebrate the 45th anniversary of the school of nursing. The meeting was in Robbins Hall, and graduates of many years ago visited old friends and familiar places. They also had an opportunity to see the new buildings and equipment. Dinner was served to approximately two hundred nurses and guests.

The local blood bank, which was started in December, has been greatly extended. Its facilities have been offered to local defense services; and, consequently, the privilege to act as donors, heretofore limited to the hospital's own employees, has been extended to all within the township of Islip.

Twenty-five female patients were received on transfer from Brooklyn State Hospital, December 5.

Twelve ex-service patients were transferred to the Veterans' Unit of Kings Park State Hospital on December 30.

Retirements of employees were: Miss Margaret McSorley, supervisor, July 31; Mrs. Catherine M. Milhaven, supervisor, August 31; Mrs. Bessie Johnston, charge attendant, October 31; and Mrs. Emma Spinelli, special attendant, November 30.

Ernest R. Dow, electrical engineer, died September 25.

Creedmoor

The second class to be graduated from the Creedmoor nurses' training school had its exercises in the assembly hall the evening of September 30. There were nine graduates; and the address was made by Dr. John H. Travis, superintendent of Manhattan State Hospital. Diplomas were presented by Mrs. Edna V. Newbranch, secretary of the board of visitors, and the prizes were given by Edward J. Quigley, member of the board.

The Long Island Psychiatric Society had the first meeting of the year at Creedmoor the evening of October 21. The paper of the evening was on

malignancies, as found in patients with mental disease, and was presented by Dr. Jack Moore, pathologist at Creedmoor.

In November, numerous sod areas were treated with milky disease for Japanese beetles by representatives of the New York State Experimental Station at Geneva.

On November 21, the hospital was visited by Dr. James K. Hall, president of the American Psychiatric Association. He was accompanied by Dr. Hugh C. Henry, director of State Hospitals for Virginia.

On December 23, the annual Christmas vaudeville entertainment was given for the patients, with performances in the afternoon and in the evening. On December 24, a group of patients went about singing Christmas carols, and on December 30 there was a New Year's party. In accord with the usual custom, Christmas trees and other decorations were supplied to all the wards; and this year additional colored lights and evergreens were used to decorate doorways of the administration building, the entrances to building N, and the entrances to employee homes.

Gowanda

Several members of the staff attended a seminar for psychiatrists of medical advisory boards and army induction boards, on July 21 and 22, at the University of Buffalo Medical College.

The Buffalo Neuro-Psychiatric Society held its autumn meeting at the hospital on September 6, with golf in the afternoon, followed by a picnic supper and a scientific program in the evening. Dr. R. W. Bohn was elected president.

On September 18, the Cattaraugus County Medical Society held its fall meeting at the hospital. Golf and a picnic supper were followed by a business meeting; and a scientific program was presented by members of the hospital staff.

Dr. Emma M. Kent returned, December 13, from a three months postgraduate course in neurology and psychiatry at the Psychiatric Institute.

Harlem Valley

The Dutchess County Psychiatric Society had its November meeting at Harlem Valley State Hospital.

Dr. Oscar Schwoerer, assistant physician, took the 10-week course at the Psychiatric Institute, beginning October 6.

Miss Mary King was appointed assistant principal of the school of nursing on August 15.

Hudson River

The annual field day and carnival was held on July 5, with the usual athletic events for employees and patients.

On July 31, word was received that Major Charles E. Niles of the medical staff of this hospital, now away on military leave, had been promoted to lieutenant colonel. He is regimental surgeon for the 156th Field Artillery.

The annual graduation exercises of the school of nursing were held at the assembly hall on September 5. Ten women and eight men were graduated. The speaker was Dr. Herbert E. Wright, president of Drew Seminary. The diplomas were presented by Mrs. William H. Pearse, president of the board of visitors. Miss Kate B. Riddle, chief supervisor, and a graduate of the class of 1888, was honored at the exercises.

The Dutchess County Horticultural Society had its annual meeting at the hospital on September 22.

On October 6, Dr. Courteney L. Bennett left the hospital to attend a 10-week course at the Psychiatric Institute.

On October 21, the Dutchess County Farm Bureau met at this hospital in a session conducted by Prof. C. B. Raymond, vegetable specialist from Cornell University.

Many members of the medical staff attended the meetings of the Dutchess County Psychiatric Society at Matteawan State Hospital on October 16, and at Harlem Valley State Hospital on November 27.

On November 1 and 14 Dr. I. N. Wolfson, parole officer, and Mrs. Margaret Kohler, social worker, took part in conducting a mental hygiene institute for public health nurses in Albany. Two hundred and three nurses attended.

The following employees retired on pension during the past six-month period: Glendy Jack, steamfitter, August 1; Mary Sutton, laundress, August 1; Henry Curran, blacksmith, September 30; Mary T. Garrity, attendant, November 30; Catherine McNeny, attendant, November 30.

One employee died during the six-month period: William J. Walsh, fireman, October 5.

Kings Park

Dr. Joseph H. Shuffleton, acting superintendent, was appointed by Governor Lehman to serve as psychiatrist on the Medical Advisory Board, No. 2, Nassau County, in connection with the administration of the Selective Service Law.

Graduation exercises of the school of nursing were held in the afternoon of September 12. Five men and eight women received diplomas and pins. The address was by Ralph Osgood, principal of Kings Park High School.

On October 14, in cooperation with the civil defense council of the town of Smithtown, a complete air raid blackout was staged. The entire hospital was in total darkness from 7 to 8 o'clock with the exception of the green exit lights. Not a single untoward incident occurred.

Dr. Lewis R. Wolberg, senior assistant physician, attended a course at the Psychiatric Institute, from October 1 to December 12.

Mrs. Johanna F. Bonnyman, principal of the school of nursing, attended the annual convention of the New York State Nurses' Association and the New York League of Nursing Education at the Hotel St. George, Brooklyn, the week of October 20.

Miss Janice Morrison, social worker, attended the New York State Conference of Social Workers at Buffalo the week of October 20.

Miss Gertrude Vink, chief occupational therapist, attended the Women's National Exposition of Arts and Industries at Grand Central Palace, New York, the week of October 27.

Dr. J. K. Hall, president of the American Psychiatric Association, together with Dr. H. C. Henry, director of State Hospitals, Virginia, visited the hospital on November 21.

Mrs. George Wood of Vanceboro, N. C., made a donation of $200 to our Christmas fund.

The committee on construction of the Department of Mental Hygiene, comprising Commissioner William J. Tiffany, Commissioner William E. Haugaard, Drs. John R. Ross, Harry A. Storrs and George W. Mills, and the Messrs. Dowdan, Rhodes and Kibbe, visited the hospital, October 25, to inspect recent construction and to gather ideas and criticisms to assist in future construction of State hospital buildings.

The Long Island Psychiatric Society met at Kings Park State Hospital in York Hall on the evening of November 25. The program was a paper by Dr. H. S. Barahal, senior assistant physician, on "Vitamin C Deficiency and the Diet of Mental Patients."

On December 3, George Horne, age 26, admitted September 18, 1940, diagnosis, dementia præcox, catatonic type, was shot and killed by his sister who came to visit him. She used a sawed-off .22-caliber, bolt-action rifle which she secreted under her coat while entering the building.

Miss Thelma Yochem was appointed assistant principal of the school of nursing, August 25. Fred Nelson was appointed master mechanic, October 1. Miss Leona C. Tiernan was appointed dietitian, October 16.

Deaths of employees during the six-month period were: Mrs. Anna Bellinger, attendant, July 11; John Schreiber, attendant, July 20; Mrs. Agnes Pfeiffer, attendant, September 15; Andrew Cooper, attendant, September 26, following an automobile accident; and Edward Fritze, garage attendant, October 11.

Retirements were: Thomas H. Gilmer, supervisor, July 31, after 30 years service; James Dwyer, attendant, September 30, after more than 25 years service; and Lawrence Scanlon, attendant, retired on physical disability, September 30, after more than 20 years service.

Miss Vera Davis, occupational therapist, resigned on August 31.

Mrs. Elizabeth A. Jeno, assistant social worker, resigned on November 30.

Ralph Piper, master mechanic, was transferred to a like position at Rochester State Hospital on August 18.

Manhattan

In July, a considerable number of the hospital personnel, in collaboration with the New York City police, enrolled as air raid wardens. Later, many more joined for instruction.

Field day was on August 28.

A play, with a cast entirely of patients, was produced in October under the direction of Miss Evelyn Sarian, social worker.

On October 27, the Psychiatric Society of the Metropolitan State Hospitals met in the lecture hall. Papers entitled "Clinical and Genetic Aspects of Eunuchoidism," by Drs. William A. Shonfeld and Franz J. Kallmann, and "The Effects of an Aging Population Upon Mental Hospital Populations," by Carney Landis, Ph.D., were read and discussed.

Two Hallowe'en parties were given for the patients.

Thirty-four patients have been transferred to the Middletown State Homeopathic Hospital to be placed in family care under the supervision of that institution.

Eleanor S. Carmichael, principal of the school of nursing, resigned on July 16, and Loretta H. Clough was appointed principal on the same date. George Wyckoff was appointed chief engineer on July 1.

Members of the non-medical personnel on leave of absence for military service are: John W. Chappell, watchman; William E. Griffin, attendant; Richard J. Fitzgerald, attendant; Gerald A. Griffin, attendant; William C. Hahn, fireman; Albert C. Kilgore, special attendant driver; Thomas P. Kearse, special attendant bridge guard; Dennis Ryan, cook; Raymond T. Lefebvre, cook; William P. Olden, attendant; Harold N. Strife, charge nurse; Edward Furman, special attendant usher; and Louis J. Bieda, kitchen attendant.

During the six-month period, the following employees were retired: George H. Kamp, plumber and steamfitter, August 24; Ellen C. Gulick, housekeeper, August 23; Nora T. O'Sullivan, charge nurse, September 27; Hanna Duggan, attendant, September 24; George Hadley, kitchen attendant, October 31.

Elizabeth Kaag, first grade stenographer, died December 13.

Marcy

Dr. William W. Wright, superintendent, attended a seminar on practical psychiatric diagnosis, primarily for psychiatrists of medical advisory boards and army induction boards, on July 21 and 22, at Buffalo.

Martin Neary, occupational therapist, attended a meeting of the American Occupational Therapy Association in Washington from August 30 to September 4, as a delegate of the Western New York Occupational Therapy Association.

Dr. Frank F. Tallman, director of the parole and family care study for the Temporary Commission on State Hospital Problems, arrived at the hospital on September 23 and remained until September 26. When Miss Hester B. Crutcher, director of social work, visited the hospital on October 9, she was accompanied by Miss Edith Holloway, social worker connected with the Temporary Commission. Miss Holloway remained at the hospital to inquire into the work being done in the commission's survey. Dr. Harry M. Harter, temporary interne, is assigned to this hospital to assist with the survey, and he is paid by the Temporary Commission.

A meeting of the visiting and consulting staffs, in conjunction with the hospital staff, was held at the hospital on Thursday evening, October 30. A paper on "Encephalography" was read by Dr. Harold H. Dodds, senior assistant physician.

A Hallowe'en costume party was held for the patients in the assembly hall on November 5.

A special course of 30 lectures on neurology and psychiatry is to be given to the new members of the staff and social service department, starting on November 18. Lectures and demonstrations will be given twice weekly by senior staff members.

On November 18, bowling became a recreational activity of the occupational therapy department. Twenty male patients were taken to the bowling alleys for their first lessons.

George D. Rounds, chief engineer, has been appointed air raid warden of the hospital. An air raid blackout took place at the hospital on December 11.

Middletown

Middletown's family care program has been actively extended during the past six months, so that, at the present time, the hospital has approximately 190 patients in boarding homes. The annual family care picnic for patients in boarding homes in Delaware County was held on Wednesday, July 30. There were more than 110 in attendance, and music and dancing and games were provided, with refreshments for patients and visitors.

On August 2, a grand outing for the patients was held on the hospital grounds. Nearly 1,300 took part in games of skill, and there were a number of special features of entertainment. Sandwiches, coffee and cake were served. This entertainment was substituted this year for the annual field day.

Dr. Michael Lonergan, clinical director of Manhattan State Hospital, and Miss Anderson and Miss Sarian, social workers from Manhattan State Hospital, have made a visit to many of Middletown's boarding homes in Delaware County. Patients from Manhattan have been transferred to Middletown to be placed in boarding homes in this district.

Dr. Dora G. Cook, who has been taking a post-graduate course in neurology and psychiatry, returned to the service December 15.

Robert H. Clark of Unionville, a member of the board of visitors since 1928, died November 9. The Hon. John Bright of Middletown, who was recently appointed to a federal judgeship, resigned from the board of visitors on June 5. Samuel Mitchell of Middletown has been appointed by Governor Lehman to fill that vacancy.

Commencement exercises of the school of nursing were on September 10. Thirteen women and five men received their diplomas. The address to the graduates was by Judge Edmund C. Faulkner of Middletown. Miss Florence L. Ketchum, president of the board of visitors, awarded the diplomas; and the valedictory was by Miss Miriam Wolfe Walker.

Miss Grace Whitford, matron in the student nurses' home, retired July 31 after 10 years of service. Mrs. Ella Wood, attendant, retired after 14 years of service on July 31. Francis Gaffey, attendant, with 31 years of service, retired on September 30.

Arthur Donneson and Claude Snyder, attendants, were inducted into the military service in July.

Pilgrim

A transfer of 34 patients, 17 male and 17 female, was received from Brooklyn State Hospital, July 10.

On August 1, Dr. Franz J. Kallmann of the Psychiatric Institute visited the hospital relative to his study of twins.

Dr. E. P. Rickard of the Rockefeller Foundation arrived at the hospital on August 4 to begin a series of influenza inoculations. These were completed on September 26, a great many of the patients receiving the vaccine.

Miss C. Emily Todd, social worker, attended a meeting for the discussion of plans for the Adelphi College Graduate School of Social Work at Patchogue on August 13.

On August 13, Dr. Frederick W. Parsons, former commissioner of the Department of Mental Hygiene, and Dr. Ellis A. Stephens, medical director, Territorial Hospital, Kenoehe, Oahu, Hawaii, visited the hospital relative to electric shock therapy.

The superintendent held a conference on August 15, with Dr. Bigelow, Dr. Carmichael, Miss Todd and Dr. George Lott, who is the newly-appointed psychiatrist for Suffolk County. Plans for community clinics were discussed.

Drs. Henry Brill, Richard F. Binzley and Marvin G. Pearce, left on August 26 for Harlem Valley State Hospital for a three-day visit to attend the insulin clinics and inspect the hospital.

On September 3, Dr. Victor Hugh Vogel of the United States Public Health Service, visited the hospital.

On September 3, the nurses' training school began its second year. Ten first-year students were admitted.

A conference relative to further construction was held at the hospital on September 8. Those attending were W. E. Haugaard, Commissioner of the Department of Architecture, Mr. Camp of the same department, the Commissioner of the Department of Mental Hygiene, Dr. W. J. Tiffany, W. A. Clifton, supervising engineer of the department, and the superintendent.

Marcus J. Vreeland, assistant steward, attended the stewards' conference at Central Islip State Hospital on September 17 and 18.

Dr. Gabriel Schein, senior assistant physician, Marcy State Hospital, and Dr. Angelo Raffaele, medical interne at Willard State Hospital, started a brief course at the hospital in electric shock therapy on September 23.

On September 25, the 130th regular meeting of the Associated Physicians of Long Island was held at the hospital at 2:30 p. m. The scientific program included discussion of sulphonamide compounds in surgical conditions and traumatic rupture of the urinary bladder, by Drs. E. R. Hildreth and M. R. Keen, consultants to the hospital. Papers on metrazol, electric shock treatment, sulphaguanidine and dilantin were given by Drs. H. Brill, L. B. Kalinowsky, H. E. Hartnett and M. G. Pearce of the resident staff. This discussion was opened by Drs. C. M. Meeks, W. H. Field, H. T. Langswor-

thy and C. C. Perkins. Considerable interest was provoked by demonstrations of metrazol and electric shock therapy. About 50 were present at the meeting.

Miss C. Emily Todd, social worker, attended a meeting of the executive committee of Social Workers in Psychiatric Hospitals and Clinics at 51 East 55th St., New York City, September 25.

The superintendent and some of the physicians of this hospital attended the Quarterly Conference at the Central Islip State Hospital on September 27.

Dr. Willis Merriman, superintendent of Utica State Hospital, visited this hospital on September 28.

October 1, 1941, marked the tenth anniversary of the opening of this hospital which now numbers its patient population at over 10,000, cared for by a personnel of 1,800.

On October 6, Dr. Kathleen O'B. Davis and Dr. Edward Lipton, assistant physicians, commenced a postgraduate course in neurology and psychiatry at the Psychiatric Institute, New York City. They completed the course December 12.

On October 7, Dr. L. B. Kalinowsky attended a meeting of the New York Academy, section for neurology and psychiatry as discusser of a paper on electric shock therapy, and reported on Pilgrim's results.

The annual meeting of the board of visitors was held on October 8, and the board unanimously reelected Harry Fischel, president.

Dr. E. Demarus, resident psychiatrist of Oceanside Gardens sanatorium, and Miss F. Doherty, R. N., superintendent, visited the hospital on October 10, to see the electric shock therapy.

On October 12, Dr. Norman L. Easton, director of research, Toronto Psychiatric Hospital, visited the hospital.

A practice blackout was held at the hospital on October 13, at 9 p. m., in anticipation of the county blackout to be held the next evening. The test blackout for Suffolk County took place on October 14. Day employees were asked to volunteer to return to duty at 6 p. m., and many responded. The siren blew about 7 o'clock and the all-clear signal came in about an hour. Flares were set representing fires, and tests were carried out as specified. A complete blackout was effected in a few minutes. The cooperation and diligence of all, including the patients was very gratifying.

On October 14, Miss Mary Corcoran, associate technical advisor, psychiatric nursing division of mental hygiene, U. S. Public Health Service, came to the hospital to spend a few days going over various departments of the hospital.

On November 1, the student psychological association of Hofstra College, Hempstead, to the number of 45, visited the hospital. Drs. Bigelow and Carmichael presented typical cases of various mental diseases and showed the students through several departments.

Dr. S. F. Goodhart, clinical professor of neurology, Columbia University, and Dr. Benjamin Balser, associate in neurology, Columbia University, gave a discussion before the regular staff meeting at the hospital on November 3.

Formal exercises were observed on November 12, upon the opening of the ground floor of the assembly hall when it was turned over to the superintendent by Lester W. Herzog, administrator of the Works Progress Administration. The opening of this part of the building affords the use of the following rooms for patients and employees: a lounge, game rooms, bowling alleys, luncheonette counter.

On November 20 and 21, Dr. James King Hall, president of the American Psychiatric Association, and Dr. Hugh Carter Henry, commissioner, division of mental disease of the state of Virginia, visited the hospital.

On November 26, John Doe No. 8, after 14 months residence in the hospital, was paroled to his own custody. This young man was admitted in an amnesic state suffering with dementia præcox. He was given shock therapy and his mental symptoms showed a constant gradual remission until these symptoms entirely disappeared. His amnesia, however, did not clear up. Upon reaching New York City his case reached the attention of the reporters of the New York Journal-American and his picture was published at various times in that paper. His identification was established thus and by tours through the city.

On November 27, a bomber from a nearby plant in a test flight, crashed just behind the power house of the hospital. The two occupants of the plane bailed out, and no damage resulted except the loss of the plane.

On December 9, the first air raid alarm was sounded about 1:30 p. m. The all-clear signal came about one-half hour later. The second alarm sounded at 9:30 a. m., December 10, and was in effect for 20 minutes. Personnel assigned to special duties took their posts promptly and there was no undue excitement.

A concert was given on December 16, by the Nassau-Suffolk Symphony under the baton of Christos Vreondes, for the patients. This was under the direction of the WPA music projects. About 600 patients attended.

On December 22, Dr. Robert A. Savitt of Creedmoor State Hospital visited the hospital to observe the work in the electric shock therapy clinic.

The superintendent sent a Christmas letter on December 22, to all the men in the service from this hospital, conveying greetings and best wishes. Many of the men have acknowledged these letters.

During the latter part of the month of December, windows in all treatment rooms, telephone office, supervisors' offices and the dormitories for disturbed patients have been blacked out. An emergency casualty station has been set up on the ground floor of building 23 consisting of an operating room and three treatment rooms with a capacity for 100 emergency cases. Staff members and employees have been assigned to various emergency duties as physicians, air raid wardens, ambulance drivers, wrecking squads, special police, etc. A siren has been constructed by the hospital mechanical department to be used in addition to the whistle as an alarm.

First aid classes have been organized. Three are held each Friday so that the employees from each tour of duty may be accommodated. Over 400 have enrolled.

The chief occupational therapist, Virginia Scullin, and three occupational therapists of this hospital, attended a seminar course at the Philadelphia School of Occupational Therapy from August 25 to 30.

From October 6 to December 8, Dr. Edmond Lipton attended a course on the Rorschach method under Dr. Zygmunt Piotrowski in New York City.

In the past six months, appointments to the nonmedical staff have included: Virginia Whitney, occupational therapist, July 1; Jane Cavanaugh, occupational therapist, July 1; Elizabeth Ray, R. N., instructress, school of nursing, September 1; Eleanor N. Seofield, volunteer social worker, September 22; Carolyn R. Bradley, volunteer social worker, September 22; Doris L. Murphy, assistant social worker, September 25; Wenonah Beale, volunteer social worker, November 5; and Leona Rutherford, volunteer social worker, November 15.

Marie Louise Franciscus, occupational therapist, resigned on October 7.

Lillian Bartholomew, housekeeper, and Charles Bartholomew, head farmer, retired on pensions on December 31, after many years of service.

Stella Hunt, ward attendant, died on July 17.

Walston E. Brown, special attendant in the machine shops, died on November 7.

Rochester

The Orleans County Society of Judges and Police Executives, organized to keep informed in regard to public institutions and public services, made arrangements for a visit to Rochester State Hospital in the middle of July. Ten members presented themselves and had an opportunity to see the institution and how it was managed. An attempt was made to show the facilities provided for the care of mental patients, and all expressed satisfaction and exhibited real interest in this work. It is the plan of this organization to make an annual trip, giving to other members, who were un-

able to attend on the first visit, an opportunity to inform themselves at first hand in regard to State hospital facilities.

The latter part of August Dr. Samuel W. Hamilton of the U. S. Public Health Service, came to the hospital to make a survey, as requested by Governor Lehman. Dr. Hamilton had every opportunity to scrutinize and examine, not only the facilities of the hospital, but the methods of administration, also an opportunity to interview heads of all departments and the superintendent believes he took advantage of this 100 per cent. This survey was the most complete inspection the superintendent has ever known, and he has seen many.

In October, the city fire department, through Battalion Chief Gallaher and Captain Hawley, made a thorough and complete inspection of this institution. One great defect called to attention is that sprinklers are not provided in some of the older buildings between the basement and attic. These observations have been made before, and it is understood that this year the problem is being brought to the attention of the budget director for serious consideration. At the completion of the inspection, Chief Gallaher gave lectures to employees and officers, and discussed fire fighting under war conditions.

On November 27, Dr. George W. Weber and his associates, of the State Department of Health, arrived at the hospital to announce the start of a tuberculosis survey on December 1. No previous examination of the Rochester facilities had been made; therefore, it was impossible to make plans to conduct it in any other place than the reception center, the bottleneck of this institution, as the X-ray facilities are adjacent to the operating room, and to gain access to these quarters necessitates going through the reception center. A part of the male reception service has been given over for dressing rooms and incidental facilities in connection with this survey, which was started as scheduled, December 2. On December 1, the hospital's X-ray equipment, which is obsolete, was removed and new equipment installed for this service. Up to the end of the second week, about 700 patients and employees had been examined. Progress has been delayed because of some special investigations for the benefit of the health department. No results have been announced.

Deaths of employees during the six-month period were: Raymon C. Thompson, charge attendant, July 12; and Mary C. Hughes, attendant, November 2.

In the armed services, are: William P. Thompson, kitchen helper, naval reserve, and Philip H. Murphy, attendant, who resigned to enlist in the army.

Ralph E. Piper, master mechanic at Kings Park State Hospital, transferred to this hospital August 18, in the same position.

Miss Lois R. Tompkins was appointed assistant social worker, August 1.

Rockland

Dr. Leo Becker of Paterson, N. J., visited the hospital on August 7, accompanied by Dr. Binder, a Presbyterian minister from Paterson, and they were shown through the hospital.

Dr. Walker E. Swift of New York City, was appointed consultant in orthopedic surgery on July 10.

The United Service Organizations collection at the hospital totaled $379.38, well over the quota.

Dr. Walter H. Mendel, visiting radiologist, has been made a diplomate of the American Board of Radiology.

Elaine F. Kinder, Ph.D., was appointed psychologist at this hospital October 1.

On October 3, Dr. Hamlin A. Starks and Dr. Mario DiGiovanni began a course in neurology and psychiatry held under the auspices of the Psychiatric Institute and Columbia University.

An observation post in connection with the Aircraft Warning Service of the First Interceptor Command, Mitchell Field, has been established in the towers of the infirmary building.

Dr. Frank F. Tallman, director of clinical psychiatry, has been appointed director of parole and family care problems on the Temporary Commission on State Hospital Problems.

On October 5, Attorney-General John J. Bennett, Jr., visited the hospital and spoke at a meeting of the James H. Anderson Post of the American Legion on the opening of its headquarters in the basement of building 11.

On October 10, a charity ball was held in the assembly hall for the benefit of the Good Samaritan Hospital, Suffern.

Dr. Rene De La-Valette, neurologist and psychiatrist of Havana, visited the hospital on October 28.

Mr. Edward T. Lovatt, coordinator of civilian defense activities in Nyack, visited the hospital on November 18 for a conference with the superintendent.

Miss Katherine G. Ecob, secretary of the State Charities Aid Association, visited the hospital on November 24 for a conference with the superintendent on selective service.

Mrs. John L. Swann and Mrs. Dwight Hoover visited the hospital on November 28 for a conference with the superintendent and the principal of the school of nursing on civilian defense.

A Tatterman marionette show was given at the hospital for the patients and employees on November 25.

Since July 1, the following employees have left the hospital service for military duty: Orville H. Holmes, Edwin B. Simpson, Rudolph West, Omar Parsons, Francis Brickwood, Grover C. Belton, Joseph Prince, Joseph J. Byrnes, Jr., and William Fredenberg, attendants; Harold Levy, student nurse; and Fred Kennedy, Jr., policeman.

Charles Bogert, glazier, died suddenly at his home on November 26.

St. Lawrence

There were exhibitions and sales of articles made in the occupational therapy department on July 9 and 10 and on December 2 to 4, inclusive.

Throughout the summer, bathing parties were held daily at the beach, and frequent picnic parties were also held.

On August 15, a farewell tea was given in the lounge of the nurses' home, for Miss Gladys M. Launderville, principal, school of nursing, who resigned, effective August 31, to join the Harvard Red Cross Unit in England. The alumni association presented a wrist watch to her, the student body, a fitted traveling case; and the hospital staff a sum of money. Mrs. Ruth B. Warren was appointed principal to succeed her.

On August 20, the graduation exercises of the school of nursing were held at Curtis Hall. A class of 25 was graduated, five men and 20 women. The address was by Lillian Cringen MacIntyre, M. D., of Ogdensburg.

On September 3, the patients enjoyed an afternoon of play on the lawn near the amusement hall. There were races and games. Music was furnished by a cowboy band; and a cafeteria supper was served to more than 1,000 patients.

From September 11 to 13, Miss Irene Cunningham, secretary of the New York State Nurses' Association, District No. 6, Inc., attended a district nurses' conference in New York City.

On September 25, the employees' association held an outing and picnic at Newton Lodge, Morristown road, attended by approximately 350 officers and employees; and on October 30, the association held a masquerade dance at Curtis Hall.

On October 8, the employees held a bingo party at Curtis Hall under the sponsorship of the Group Sick and Accident Insurance Company. C. A. Carlisle, Jr., of the company explained the system and answered questions.

On October 29, the annual masquerade dance was held, with 595 patients attending. Van Winkle's Orchestra played, and doughnuts and cider were served.

On November 18, Mrs. Ruth B. Warren, principal, school of nursing, and Mrs. Janet Brainard, president of the New York State Nurses' Association, District No. 6, Inc., attended a meeting at the Good Samaritan Hospital, Watertown, in reference to aiding in forming a local branch of the New York League of Nursing Education.

On November 27, a party was held on wards A and D, west. Dinner was served to 192 patients and 25 employees at 6:30, following which there were games and dancing, with music by Van Winkle's Orchestra of Ogdensburg.

At the request of the Council for Civilian Defense, a station for the registration of volunteers for civilian defense work was established at the executive center.

Charles E. Brickwood, chief engineer, has been appointed air warden for the hospital and also for the city of Ogdensburg.

On November 24, Mrs. Ethel Stevens, acting assistant principal, and Mrs. Marion S. Raymo, instructor in nursing, represented the hospital at the defense council meeting in Ogdensburg, for volunteer work, and on November 28, Mathew Roshirt, fire inspector, attended a meeting in the Court House, Canton, to organize a training defense course for members of the fire departments of St. Lawrence County.

The following employees have been inducted into military service: Renwick Speers, kitchen service; Wesley Baker, Clarence Stevens, James Sutherland, Everett Miles, attendants; John B. Hughes, Harry Ellis, nurses; Willard Smith, Donald Gibbs, affiliating students at Bellevue Hospital, New York City; Anson Baxter, attendant; Clifford Reynolds, cook; Lawrence Bouchard, Leonard Cobb, Richard Rice, John Raymond Greene, Charles Stone, attendants; Anna Moran, Iva Akin, Genevieve Lyons, Marion Boyer, nurses; Howard Kinney, Albert Dewis, Gilbert Wright, student nurses; and Charles Brower, nurse.

Clarence Stevens and Charles Stone, attendants, have since returned to duty.

Utica

Miss Loretta H. Clough, assistant principal of the training school, resigned on July 16 to accept the position of principal of the training school at Manhattan State Hospital.

Miss Katherine J. Beck was appointed assistant principal of the training school on July 16.

Graduation exercises were held in Hutchings Hall on September 26, in conjunction with the other hospitals affiliated in the Central School of Nursing, the Faxton and Memorial hospitals of Utica. Mrs. Genevieve M.

Clifford, R. N., superintendent of the Syracuse City Hospital, gave the address, and the respective principals gave the diplomas to the graduates. There were 13 graduates from this hospital.

As secretary of the Oneida County Mental Hygiene Committee, Miss Eva M. Schied, chief social worker, arranged for its annual meeting on October 1. This was held jointly with a meeting of the Utica Council of Social Agencies at Hotel Utica and was attended by 150 persons. Dr. H. Beckett Lang, assistant commissioner of the Department of Mental Hygiene, addressed the group on "The Place of Mental Hygiene in a Defense Program." In the afternoon, Dr. Lang conducted two round table conferences at Hutchings Hall—one for the non-medical members of the draft boards, which was attended by 11 persons representing six boards; and the other for the medical members, which was attended by 18 physicians.

On the afternoon of October 17, an autumn carnival was held on the front lawn of the main building. Seating arrangements accommodated 500 patients. The program consisted of sport events for both patients and employees. Music was furnished by a band from the city. Cider and doughnuts were served to all. Candy, cigarettes, apples and peanuts were given as prizes.

Miss Eva M. Schied, as chairman of the section of the adjustment of the aged in the community, of the New York State Conference on Social Work, arranged for two meetings and presided at one meeting of the conference, which was at Buffalo from October 21 to 23. This conference was also attended by Miss Catherine Charles and Mrs. Dorothy H. Alberts, social workers.

On November 5, Dr. Frank F. Tallman, director of clinical psychiatry at Rockland State Hospital, director of a commission for the study of ways and means of increasing the number of patients on parole and in family care, visited the hospital in connection with a survey for these purposes of Marcy and Central Islip State hospitals.

Prof. Roy W. Foley and 70 students of the sociology class of Colgate University came to the hospital on November 5. After a visit to the various departments, they had a clinical demonstration of typical cases of mental disorder, given by Dr. George L. Warner, clinical director.

The annual sale of articles made in the occupational therapy department was held on November 26 and 27, and was well patronized.

Dr. Oswald J. McKendree served as civilian neuropsychiatrist with the army physical examination team visiting Utica from December 9 to 12, inclusive, having been designated by Dr. Willis E. Merriman, superintendent.

Mrs. Mary Heffernan, assistant cook, retired October 31.

The deaths of the following employees occurred during this period: Harold F. Will, truck driver, November 3; George J. Sittig, head baker, December 10.

Willard

On August 1, Miss Laura E. Clark was appointed provisionally as chief occupational therapist.

Miss N. Helena Clancey, who had been principal of the school of nursing since July 1, 1933, retired July 31.

Picnics were held in the Pines grove, July 16 and August 6, for the working patients.

Miss Gladys G. Giffin was appointed principal of the school of nursing on August 18.

The graduating exercises of the school of nursing were held at the hospital on September 4. Three male and five female nurses were graduated. Dr. H. Beckett Lang, assistant commissioner of the Department of Mental Hygiene, was the guest speaker.

On September 23, Prof. O. D. Anderson of the department of psychobiology of Cornell University, addressed the Journal Club.

Miss Nellie C. Quinn, social worker, who had been in the service 32 years, retired September 30.

On October 2 and December 4, the Seneca County Medical Society met at the hospital.

Miss Groviene M. Sheldon was appointed social worker on October 16.

Christmas was celebrated as usual by special meals for every one. A party was held at Hadley Hall the afternoon before Christmas, and a number of the patients demonstrated their ability as soloists or speakers. The patients' orchestra played, and a small gift was presented to each person who attended. Refreshments were served.

On leave for military service, are: Arthur E. Bedford, attendant; John A. Trask, attendant; Joseph M. Kalina, student nurse; and Joseph F. Charlebois.

Frank J. McGuire, attendant, died on July 22.

Psychiatric Institute and Hospital

The usual postgraduate courses in neurology and psychiatry were held over the 10-week period from October 6 to December 12 under the joint auspices of the Psychiatric Institute and Columbia University. Most of the State hospitals in the Department of Mental Hygiene sent candidates to attend this course; and there were 23 physicians registered from outside the State service.

During the six months period, appointments to the nonmedical staff included: Helga Nord, occupational therapist, July 1; Eunice H. Weber, occupational therapist, October 6; and Esther J. Freudenthal, psychiatric social worker, November 24.

Resignations from the nonmedical staff in the same period were: Jessie A. Wilson, occupational therapist, August 19; Helga Nord, occupational therapist, September 15; and Mary Ellen Hayes, psychiatric social worker, October 15.

Syracuse Psychopathic

Dr. Steckel, as a member of the committee on neurology and psychiatry of the National Research Council and as chairman of the subcommittee on personnel and training of that committee, attended various meetings of these committees in Washington in August, September, October, November and December.

The Hutchings Psychiatric (undergraduate) Society had its first dinner and meeting of the year at the home of Dr. Steckel in October and met again at the hospital in December.

One employee went on military duty during the past six months: Eugene Shearer, attendant.

On November 23, William A. Layton, attendant, died suddenly while on duty at the hospital.

STATE INSTITUTIONS

Letchworth Village

An extension course in reading has been offered by Columbia University and is being conducted at this institution every Tuesday evening. It is a 15-week course, and the class meets each week for two hours. The course covers: a study of the experiences of children which affect their reading interests, special emphasis upon the utilization of these interests, and the acquiring of desirable reading attitudes, skills and habits.

The annual sale of articles made by the children of the industrial classes was held on November 27 and 28, and was very successful.

Newark State School

Patients in family care increased from 200 to 212 during the past six months.

A band concert in the afternoon and a display of fireworks were given for the patients on July 4.

The annual camping period of Boy Scout Troop No. 147 was held at Camp Hubbell from July 7 to 14. Thirty-four scouts participated in various camp activities. An inside-outside fireplace in the mess hall was completed, and various camp facilities were improved. Five merit badges were earned in cooking and two in masonry. The troop spent the week-end of September 13-14 at the fall rally at the Horn farm.

All members of the Western New York Occupational Therapy Association attended the quarterly meeting of the association at Craig Colony, Sonyea, July 29, and also the meeting of the association at Clifton Springs Sanitarium, Clifton Springs, November 17.

Miss Dorothy A. Pollock, chief occupational therapist, attended the training course for chief occupational therapists at the Philadelphia School of Occupational Therapy from August 25 to 30, and the annual convention of the American Occupational Therapy Association at Washington, from August 31 to September 5. Two posters demonstrating occupational therapy projects with cerebral palsy cases were displayed at the Washington convention.

Nineteen children of the opportunity classes of the Lincoln and Roosevelt schools, Newark, were examined by Dr. Jacob Sirkin, senior assistant physician, and Mrs. Peter Ross, psychologist. The education department requires that children in these classes have psychometric tests every three years and that they must have intelligence quotients of 50 to 75 to remain in the classes.

The social service workers attended the State Conference for Social Workers at Buffalo, during the week of October 20.

The softball team of the men's club of the school made an enviable record this past season, winning 29, losing 11, and tying two out of a total of 42 games. The team also won trophies in the Newark City League and Lake Shore League.

All teachers and a number of the occupational therapy department personnel attended the annual meeting of the New York State Teachers' Association at Rochester, October 23-24.

The 4-H Club and its teachers attended the Palmyra Fair on September 20, and held Achievement Night, November 7, at which time 20 awards of excellence, 23 of merit and two honorable mentions, were presented for work displayed at the fair.

On December 8, 9 and 10, the boys and girls of the academic department presented a play, "Santa's Success."

During the morning of December 13, 450 boys and girls of the school were guests of the management of the Capitol Theater, Newark, at a Christmas party at the theater.

Fred R. Niles, chief engineer, has been designated air raid warden for the school.

Visitors to the school during the past six months included: Dr. Franz Kallmann of the Psychiatric Institute, July 14; Dr. Arthur Whitney, superintendent, Elwyn State Training School, Elwyn, Pa., July 18; Thomas W. H. Jeacock, commissioner, Department of Social Welfare, Erie County, and Dr. William H. Handel, chief psychiatrist of that department, August 26; and Judge Maurice W. McCann of Yates County, November 11.

Roswell T. Lee, special attendant, fire marshal, died September 18.

Joseph Drake, head carpenter, retired November 1.

Rome State School

Mr. and Mrs. Harvey L. Long of the Department of Public Welfare of Illinois, visited the institution and colonies on October 24 and 25.

Dr. Frank F. Tallman, director of parole and family care of the Temporary Commission on State Hospital Problems, visited the institution on November 6, and discussed the problems and management of the colony system.

On October 7, Dr. M. C. Montgomery was appointed acting superintendent, due to the illness of the superintendent, Dr. Charles Bernstein.

On October 26, Robert A. York attended the Eastern Regional Conference of the American Association on Mental Deficiency at Totawa State School in New Jersey.

On January 1, 1942, Dr. Willis MacCasland, dentist, is slated for transfer to Marcy State Hospital, with Dr. Herbert Clarke of Creedmoor State Hospital filling the vacancy at Rome.

Syracuse State School

On July 4, field day celebrations were held, both at the city school and colony departments. Following the track and other events, picnic suppers were served to each group.

From June 29 to August 31, a camp was conducted at Lake Ontario for the colony and parole girls. Each group enjoyed the camp facilities for two-week periods.

The boy scouts had two weeks vacation at Camp Woodlawn, Constantia, beginning August 4.

All of the boys at the colony department and the girls of the girls' working colonies attended the State Fair.

On September 17, the boy scout troop was host to the scout troops of the Burnett Park District. The court of honor presented on that occasion was attended by representatives of eight district troops as well as four troops outside the district.

On October 19, the scout troop attended a "Be Prepared" rally in Burnett Park. The troop won first prize in the problem of rescue.

A Christmas play, "Days of Kerry Dancing," was presented to the children and guests on December 18 and 19.

On December 29, all of the children at the city school were guests at the Elks' Christmas party at Loews' Theater.

On October 5, the school was visited by Judge Andrew W. Ryan of the Clinton County Children's Court.

On November 26, Judge Maurice McCann of the surrogate and county court, Yates County, called at the school.

Mrs. Mary C. Welsh, attendant, retired after 31 years of service on August 31.

The Rev. John H. Donnelly was appointed Catholic chaplain, on July 1, replacing the Rev. Edmund D. Berrigan.

On July 7, Miss Mary B. Martin, was appointed social worker. Miss Martin was formerly assistant social worker at Gowanda State Homeopathic Hospital.

Wassaic State School

The American College of Surgeons has investigated and approved the facilities and work of the hospital of this institution.

This year on the Fourth of July, instead of having a fireworks display, a program consisting of several professional acts of clowning, juggling, slight-of-hand tricks, etc., was given for the boys in the morning and the girls in the afternoon.

A new project has been started, designed to train boys in a simple occupation which will be of benefit to them in later life. A room in the boys' school is being used for the washing and waxing of employees' cars; and, thus far, the venture has been quite worth while.

Craig Colony

On July 29, the Western New York Occupational Therapy Association had a regular meeting at the Colony.

Beginning August 25 and continuing for several weeks, under the direction of Dr. George W. Weber of the Department of Health, an X-ray survey was made of the chests of all employees and patients at Craig Colony, the total number approximating 3,000. Only one employee and 43 patients

showed definite pulmonary tuberculosis. The employee is now a patient in a nearby State hospital for tuberculosis, and the 43 patients, 21 males and 22 females, have been temporarily isolated, pending more permanent arrangements.

On October 15, the graduation exercises of the Colony's training school for nurses were held; there were 12 graduates. The speaker was Dr. Kenneth T. Rowe of Dansville.

On December 8, the Livingston County Ministers' Association had a luncheon meeting at the Colony.

Dr. Helen Dollar, assistant physician, attended the regular 10-week course in neurology and psychiatry at the Psychiatric Institute beginning October 6.

Jesse Blair, brickmaker at the Colony for five years, died unexpectedly on August 4, 1941.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE

Appointments

Medical Interne

Aberant, Dr. Edward R., Gowanda State Homeopathic Hospital, November 24.

Adelson, Dr. Edward T., Pilgrim State Hospital, July 1.

Ames, Dr. William G., Harlem Valley State Hospital, July 14.

Arieti, Dr. Silvano, Pilgrim State Hospital, November 1.

Bauer, Dr. Jurgens H., Brooklyn State Hospital, July 10.

Bentley, Dr. John C., Harlem Valley State Hospital, September 12.

Berczel, Dr. Nicholas, Marcy State Hospital, July 7.

Berthelsdorf, Dr. Siegfried von, Psychiatric Institute and Hospital, July 1.

Bobeck, Dr. Joseph J., Gowanda State Homeopathic Hospital, September 26.

Brown, Dr. Josephine, Central Islip State Hospital, November 1.

Cancellieri, Dr. Carmelo P., Central Islip State Hospital, July 1.

Chrzanowski, Dr. Gerhard, Rockland State Hospital, September 16.

Colella, Dr. Michael A., Gowanda State Homeopathic Hospital, July 7.

Constantine, Dr. O. P., Kings Park State Hospital, September 1.

Crooker, Dr. Harriet I., Brooklyn State Hospital, October 6.

DeBaun, Dr. Charles W., Letchworth Village, July 7.

Deutsch, Dr. Albert L., Brooklyn State Hospital, September 17.

Eros, Dr. Gedeon, Rockland State Hospital, November 1.

Feld, Dr. Nathan, Pilgrim State Hospital, September 16.

Fleischl, Dr. Maria, Pilgrim State Hospital, July 10.

Forgace (Fergus), Dr. Andrew, Binghamton State Hospital, July 7.

Gendel, Dr. Edward, Pilgrim State Hospital, July 3.

Gershman, Dr. Harry, Central Islip State Hospital, July 1.

Gordon, Dr. Hirsch L., Pilgrim State Hospital, September 16.

Gorfinkel, Dr. Arthur, Harlem Valley State Hospital, August 1.

Graffeo, Dr. Anthony J., Creedmoor State Hospital, October 1.

Harter, Dr. Harry M., Marcy State Hospital (for survey of Temporary Commission on State Hospital problems).

Howe, Dr. Suzanne, Letchworth Village, July 16.

Ingham, Dr. Harrington V., Psychiatric Institute and Hospital, July 1.

Jarvis, Dr. Wilbur, Harlem Valley State Hospital, July 1.

Kahn, Dr. Edward, Binghamton State Hospital, July 14.

Kallmann, Dr. Franz J., Manhattan State Hospital, July 1.

Korman, Dr. Samuel H., Brooklyn State Hospital, September 23.

Lotesta, Dr. Pasquale D., Brooklyn State Hospital, July 1.

Luke, Dr. Harry B., Pilgrim State Hospital, September 16.

Mondelli, Dr. Mario A., Pilgrim State Hospital, September 3.

Nussbaum, Kurt S., Buffalo State Hospital, December 1.

Pacella, Dr. Bernard L., Psychiatric Institute and Hospital, July 1.

Rosen, Dr. Samuel R., Brooklyn State Hospital, September 27.

Rosenfeld, Dr. Joseph E., Wassaic State School, July 1.

Rudin, Dr. David N., Pilgrim State Hospital, July 1.

Scarano, Dr. Simone J., Brooklyn State Hospital, November 17.

Staciva, Dr. Stanley J., Central Islip State Hospital, August 1.

Sumner, Dr. John W., Jr., Central Islip State Hospital, July 1.

Tarantola, Dr. Paul I., Brooklyn State Hospital, July 1.

Taylor, Dr. Reginald M., Psychiatric Institute and Hospital, July 1.

Ullian, Dr. Zoe, Hudson River State Hospital, July 1.

Wagner, Dr. Robert F., Kings Park State Hospital, July 1.

Walker, Dr. Thomas, Harlem Valley State Hospital, July 1.

Wright, Dr. Kenneth B., Central Islip State Hospital, July 1.

Zaphiropoulos, Dr. Miltiades, Rockland State Hospital, November 15.

Dental Interne

Keller, Dr. Sidney, Manhattan State Hospital, (temporary), July 1.

Miller, Dr. Leonard J., Kings Park State Hospital, July 16.

REINSTATEMENTS

Blade, Dr. Werner, medical interne, Kings Park State Hospital, July 1.

MacLachlan, Dr. Mary, senior assistant physician, Kings Park State Hospital, December 1.

PROMOTIONS

Superintendent

LaBurt, Dr. Harry A., from first assistant physician to superintendent, Harlem Valley State Hospital, December 15.

First Assistant Physician

Fessenden, Dr. Clarence L., senior assistant physician at Kings Park State Hospital, to first assistant physician, January 1. (Notice omitted from PSYCHIATRIC QUARTERLY SUPPLEMENT of July, 1941.)

Senior Assistant Physician

Haight, Dr. Julius R., from assistant physician to senior assistant physician, Harlem Valley State Hospital, July 1.

Pleasure, Dr. Hyman, assistant physician to senior assistant physician, Central Islip State Hospital, July 1.

Vyner, Dr. Harold L., from assistant physician to senior assistant physician, Pilgrim State Hospital, July 1.

Associate Clinical Psychiatrist

Polatin, Dr. Phillip, from assistant clinical psychiatrist to associate clinical psychiatrist, Psychiatric Institute and Hospital, August 1.

ON LEAVE OF ABSENCE

Corcoran, Dr. David B., medical interne, Central Islip State Hospital, July 1.

Hawkes, Dr. Lawrence P., assistant physician, Rockland State Hospital, October 16.

On Leave of Absence for Military or Naval Service

Hogeboom, Dr. Willard L., senior assistant physician, Gowanda State Homeopathic Hospital.

Levine, Dr. Harry M., dental interne, Manhattan State Hospital, January 25.

Von Salzen, Dr. Charles F., assistant physician, Kings Park State Hospital, November 24.

Returned from Military Service

Taylor, Dr. Charles W., assistant physician, Kings Park State Hospital, November 15.

Transfers

Superintendent

Ross, Dr. John R., superintendent at Harlem Valley State Hospital, to superintendent at Hudson River State Hospital, December 1.

Senior Assistant Physician

McGowan, Dr. John E., senior assistant physician, Brooklyn State Hospital, to Rockland State Hospital, August 1.

Assistant Physician

Greteman, Dr. Leonora L., assistant physician at Rome State School, to assistant physician at Utica State Hospital, December 1.

Senior Dentist

Tietze, Dr. William E., senior dentist at Marcy State Hospital, to senior dentist at Utica State Hospital, December 1.

Retirement

Knapp, Dr. John R., first assistant physician at Manhattan State Hospital, December 1.

Resignations

Senior Assistant Physician

Brikates, Dr. Peter, senior assistant physician, Pilgrim State Hospital, November 8.

Cline, Dr. William B., senior assistant physician, Harlem Valley State Hospital, August 5.

Shannon, Dr. Gizella, senior assistant physician, Hudson River State Hospital, October 14.

Young, Dr. Grace, senior assistant physician, Central Islip State Hospital, December 1.

Assistant Physician

Gold, Dr. Leonard, assistant physician, Willard State Hospital, September 11.

Goldensohn, Dr. Leon N., assistant physician, Rockland State Hospital, December 31.

Osborn, Dr. Leslie A., assistant physician, Willard State Hospital, October 25.

Rosenbaum, Dr. David, assistant physician, St. Lawrence State Hospital, July 1.

Assistant Clinical Psychiatrist

Milch, Dr. Eugene C., assistant clinical psychiatrist, Psychiatric Institute and Hospital, September 1.

Medical Interne

Bauer, Dr. Jurgens H., medical interne, Brooklyn State Hospital, September 20.

Bolton, Dr. Leonard J., medical interne, Creedmoor State Hospital, November 30.

Brownstein, Dr. Samuel R., medical interne, Psychiatric Institute and Hospital, December 31.

Campbell, Dr. Winona, medical interne, Kings Park State Hospital, July 5.

Cole, Dr. Lewis F., medical interne, Utica State Hospital, November 30.

Crooker, Dr. Harriet I., Brooklyn State Hospital, November 15.

Dixon, Dr. Roger W., medical interne, Gowanda State Homeopathic Hospital, November 13.

Feld, Dr. Nathan, medical interne, Pilgrim State Hospital, December 3.

Gilbert, Louis J., medical interne, Psychiatric Institute and Hospital, December 31.

Gold, Dr. Max, medical interne, Central Islip State Hospital, September 19.

Linn, Dr. Louis, medical interne, Psychiatric Institute and Hospital, December 31.

Meyer, Dr. Bernard C., medical interne, Rockland State Hospital, August 31.

Moulton, Dr. Ruth, medical interne, Psychiatric Institute and Hospital, December 31.

Orben, Dr. Lloyd D., medical interne, Pilgrim State Hospital, August 31.

Rosen, Dr. Samuel R., Brooklyn State Hospital, November 19.

Vogelsang, Dr. Arthur B., medical interne, Central Islip State Hospital, July 16.

Dental Interne

Clarke, Dr. G. Herbert, dental interne, Creedmoor State Hospital, December 31.

Deaths

Clogher, Dr. Ralph E., senior dentist, Utica State Hospital, July 10.

Harkin, Dr. George H., assistant physician, Rochester State Hospital, July 28.

BIBLIOGRAPHY OF OFFICERS

STATE HOSPITALS

Buffalo

Yost, Murray A.: The mental hygiene value of the Selective Service Act. *Ment. Hyg. News,* 12:4, December, 1941.

Central Islip

Cohen, Jacob: The attitude of patients' relatives. *Ment. Hyg. News.,* 12:1, September, 1941.

Gralnick, Alexander: The retina and ocular tension during prolonged insulin coma; with autopsy eye findings. Psychiat. Quart., 15:4, 648-661, October, 1941; Am. J. Ophthal., 24:10, 1174-1185, October, 1941.

Harlem Valley

Cline, William B., Jr.: See, Rossman, I. Murray.

Rossman, I. Murray: Protracted shock: Its cause and its prevention. (With William B. Cline, Jr., M. D., and Oscar Schwoerer, M. D., of Harlem Valley State Hospital and Jacob P. Frostig, M. D., of the University of California Medical School.) Am. J. Psychiat., 98:2, September, 1941.

Schwoerer, Oscar: See Rossman, I Murray.

Hudson River

Groom, Wirt C.: Grateful for family care. *Ment. Hyg. News,* 12:4, December, 1941.

Notkin, John Y.: Recent progress in psychosomatic medicine. J. N. M. D., 94:5, 593-605, November, 1941.

Kings Park

Wolberg, Lewis R.: An experiment in play therapy. *Ment. Hyg. News,* 12:3, November, 1941.

MANHATTAN

Davidson, Gerson: The syndrome of Capgras. PSYCHIAT. QUART., 15:3, July, 1941.

A syndrome of time-agnosia. J. N. M. D., September, 1941.

PILGRIM

Bigelow, Newton J. T.: Electric shock therapy in State hospital practice. In collaboration with Drs. L. B. Kalinowsky and P. Brikates. PSYCHIAT. QUART., July, 1941.

Brikates, Peter: Electric shock therapy in State hospital practice. In collaboration with Drs. N. J. T. Bigelow and L. B. Kalinowsky. PSYCHIAT. QUART., July, 1941.

Kalinowsky, Lothar B.: Electric shock therapy in State hospital practice. In collaboration with Drs. N. J. T. Bigelow and P. Brikates,. PSYCHIAT. QUART., July, 1941.

Worthing, Harry J.: A report on electric shock treatment at Pilgrim State Hospital. PSYCHIAT. QUART. SUPP., July, 1941.

ROCHESTER

Lemmle, Malwina T.: Exit the bogey man. *Ment. Hyg. News*, June, 1941.

ROCKLAND

Thompson, Walter A.: Tuberculosis control at Rockland State Hospital. PSYCHIAT. QUART., 15:3, July, 1941.

UTICA

Dorey, John J.: Mapharsen in the treatment of therapeutic benign tertian malaria. PSYCHIAT. QUART., 15:4, 790-796, October, 1941. (In collaboration with Dr. Duncan Whitehead of Utica State Hospital, now in military service.)

WILLARD

Kilpatrick, O. Arnold: Practical problems arising from tuberculosis surveys in mental hospitals. PSYCHIAT. QUART., 15:4, October, 1941.

Osborn, Leslie A.: Factors of heredity and environment in familial incidence of mental illnesses. PSYCHIAT. QUART. SUPP., 15:2, July, 1941.

Gold, Leonard: One factor in the mental hygiene of old age. *Ment. Hyg. News*, September, 1941.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Arieti, S.: Histopathological changes in experimental metrazol convulsions in monkeys. Am. J. Psychiat., 98:1, July, 1941.

Barrera, S. Eugene: Eelectroencephalography: Its applications in neurology and psychiatry. (With Bernard L. Pacella.) PSYCHIAT. QUART., 15:3, 407, July, 1941.

Bender, Lauretta and Lourie, Reginald: The effect of comic books on the ideology of children. Am. J. Orthopsychiat., 11, 540, July, 1941.

Bolles, M. M.: Sex education for the ten-year-old. Hygeia, p. 440, June, 1941.

Early home background and personality adjustment. (With H. F. Metzger and M. W. Pitts.) Am. J. Psychol., 21, 530-534, 1941.

Borek, Ernest: Metabolism of methionine by tissue slices. (With Heinrich Waelsch.) J. Biol. Chem., 140:xvii, July, 1941.

Metabolism of methionine and its derivatives with tissue slices. (With Heinrich Waelsch.) J. Biol. Chem., 141:99, October, 1941.

Brand, Florence C.: The determination of cerebrosides. (With Warren M. Sperry.) J. Biol. Chem., 141:545, November, 1941.

Ferraro, A.: Neuropathologic changes in experimental carbon disulphide poisoning in cats. (With G. A. Jervis and D. Flicker.) Arch. Path., 32:723, 1941.

Harris, Meyer M.: Negative therapeutic and metabolic effects of synthetic alpha-tocopheral (vitamin E) in muscular dystrophy. Am. J. Med. Sci., 202:2, August, 1941.

A study of the use of curare in metrazol convulsant therapy with some electroencephalographic observations. (With B. L. Pacella and W. A. Horwitz.) PSYCHIAT. QUART., 15:3, July, 1941.

Hinsie, L. E.: Visual Outline of Psychiatry. Oxford University Press, August, 1941.

Kalinowsky, Lothar B.: The various forms of shock therapy in mental disorders and their practical importance. N. Y. State J. Med., 41:2210, November, 1941.

Kinsell, L. W.: Blood constituents during anaphylactic shock in the monkey. (With L. M. Kopeloff, R. I. Zwemer and N. Kopeloff.) J. Immunol., 42:35, September, 1941.

Kondritzer, Albert A.: A study of the relationships between proteins and lipids in brain. J. Biol. Chem., 140:lxxi, July, 1941.

Landis, C.: Certification of psychologists by the State as contrasted to certification by psychological organizations. J. Consult. Psychol., 5:2, p. 525, July, 1941.

Sex education for the adolescent. (With G. W. Corner.) Hygiea, 19:7, p. 525, July, 1941.

Psychoanalysis and the scientific method. Proceed. Am. Philosophical Soc., 84:4, p. 515-525, June, 1941.

Lewis, N. D. C.: Psychiatric resultants of alcoholism: Alcoholism and mental disease. Quart. J. Studies on Alcohol., September, 1941.

Pacella, Bernard L.: Electroencephalography: Its applications in neurology and psychiatry. (With S. Eugene Barrera.) PSYCHIAT. QUART., 15, 407, July, 1941.

Sperry, Warren M., and Brand, Florence C.: Cholesterol metabolism during autolysis of liver. J. Biol. Chem., 140:cxxi, July, 1941.

Thompson, Jane: Development of facial expression of emotion in blind and seeing children. Arch. Psychol., 264, p. 1-47, September, 1941.

Waelsch, Heinrich: Plasmal. J. Biol. Chem., 140:cxxxvi, July, 1941.

Lipid metabolism of brain during early life. (With Warren M. Sperry.) J. Biol. Chem., 140:cxxxvii, July, 1941.

The influence of growth and myelination on the deposition and metabolism of lipids in the brain. (With Warren M. Sperry and V. A. Stoyanoff.) J. Biol. Chem., 140:885, September, 1941.

Zubin, Joseph: Negro mental defectives and epileptics in institutions in 18 southern states and the District of Columbia, 1938. (With Grace C. Schol.) J. Ment. Def., XLV, 4, 617-623, April, 1941.

A note on Sheldon's method for estimating dysplasia. (With Mathew Taback.) Human Biol., 13, p. 405-410, September, 1941.

A quantitative approach to measuring regularity of succession in the Rorschach experiment. Character and Personality, X, p. 67-78, September, 1941.

Sorting tests in relation to drug therapy in schizophrenia. (With Jane Thompson.) Ann Arbor, Mich., Edwards Brothers, October, 1941, 23 pages.

Syracuse Psychopathic

Davidoff, Eugene: The function of the mental hygiene clinic in regard to juvenile conduct disorders. Part V. (With Elinor S. Noetzel) Psychiat. Quart. Supp., 15:255-271, July, 1941.

Personality and habitus in organic disease. (With Gerald L. Goodstone and Edward C. Reifenstein, Jr.) Psychiat. Quart., 15:544-553, July, 1941.

The use of barbiturate sedatives in excited mental patients. Dis. Nerv. Sys., 7:288-290, September, 1941.

Occupational therapy and the young boy with conduct disorders. (With Sarah McLean.) *Ment. Hyg. News,* September, 1941.

Child guidance problems, Part 1. *Ment. Hyg. News,* October, 1941.

Child guidance problems, Part 2. *Ment. Hyg. News,* November, 1941.

Goodstone, Gerald L.: Personality and habitus in organic disease. (With Eugene Davidoff and Edward C. Reifenstein, Jr.) Psychiat. Quart., 15:544-553, July, 1941.

Noetzel, Elinor S.: The function of the mental hygiene clinic in regard to juvenile conduct disorders. Part V. (With Eugene Davidoff.) Psychiat. Quart. Supp., 15:255-271, July, 1941.

STATE INSTITUTIONS

Letchworth Village

Humphreys, Edward J.: Community care of the mentally defective. Am. J. Psychiat., 98:1, July, 1941.

Eugenical implications of recent studies in the field of mental deficiency. J. Hered, 32:9, September, 1941. Eugen. News, 26:3, September, 1941.

The medical diagnosis of mental defect. N. Y. S. J. Med., 41:20, October 15, 1941.

The rôle of research in a national program for the social control of the mentally defective and subcultural groups. Am. J. Ment. Def., 46:2, October, 1941.

Lathrop, Bennett M.: Seasonal variations in the incidence of dental caries. Am. J. Ment. Def., 46:1, July, 1941.

Jervis, George A.: Schilder's disease in ergotamine intoxication. Am. J. Psychiat., 98:3, November, 1941.

NEWARK STATE SCHOOL

Watson, George A.: Work and aims of the Newark State School. *Ment. Hyg. News,* October, 1941.

Sirkin, Jacob, and Lyons, William F.: A study of speech defects in mental deficiency. Am. J. Ment. Def., XLVI:1, July, 1941.

ADMINISTRATIVE OFFICES

STATISTICAL BUREAU

Pollock, Horatio M.: Mental Disease and Social Welfare. Book published by State Hospitals Press, Utica, N. Y., 1941.

Administration of a state family care system. J. Ment. Def., July, 1941.

Is family care for mental patients safe for the community? Mental Hygiene, XXV:4:620-623.

Mental patients in the community. J. Ment. Def., October, 1941.

Forecast of patient population. PSYCHIAT. QUART. SUPP., 16:1.

Statistical Manual for Use of Institutions for Mental Defectives. (Revised.) Published by National Committee for Mental Hygiene, 1941.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

Binghamton

Hurdum, Herman M.: Psychiatry in the military emergency. Before American Federation of Social Workers, Waverly, December 1.

Mendelson, Michael: A review of shock therapy at the Binghamton State Hospital (with clinical presentation by Dr. Clifford E. Howard). Before Binghamton Psychiatric Society, October 27.

Brooklyn

Bellinger, Clarence H.: Lecture and clinical demonstration. To students from New York University, July 17.

Lecture and clinical demonstration. To a group from Teacher's College, Columbia University, sponsored by Reconciliation Trips, November 1.

Beckenstein, Nathan: Lecture and clinical demonstration on functional psychoses. To students in psychology from the College of the City of New York, December 6.

Youth at play. Radio address over Station WQXR, November 10.

Lecture and clinical demonstration. To students in psychology from New York University, December 12.

Lecture and clinical demonstration. To students in psychology from Hunter College, December 13.

Talk on adolescent problems. To graduate students in psychology from the College of the City of New York, December 20.

Palombo, Albert S.: Lecture and clinical demonstration on organic psychoses. To a group of nurses from the Psychiatric Institute, November 13.

Nelson, Julius L.: Lectures and clinical demonstrations. To the following groups: Reconciliation Trips, July 12; students from Hunter College, October 13; class in psychology from the College of the City of New York, October 25; graduate society of the College of the City of New York (on the organic psychoses), October 25; students from Middlebury College, Vt., sponsored by Reconciliation Trips, November 28; Evening Science Society of New York University, December 6.

Train, George J.: The preschool child. Address at Brooklyn Community League, October 21.

The child guidance clinic. Address at meeting of parent-teacher association, P. S. 161, October 29.

The home and psychiatry. Address at Hebrew Institute of Bensonhurst, Brooklyn, November 15.

Zimmerman, Joseph K.: Lecture and clinical demonstration, showing art productions. To students in educational psychology from Brooklyn College, July 25.

Art therapy at Brooklyn State Hospital. To art teachers on the WPA project at 110 Kings Street, New York City.

BUFFALO

Levin, H. L.: Psychological aspects of public health nursing. To the Mental Hygiene Institute for Public Health Nurses, Buffalo, October 3 and 4.

Faver, Harry E.: Demonstrations of cases of organic and functional psychoses, illustrating their relationship to educational and social problems. To psychology and sociology classes of the University of Buffalo and State Teachers' College, July 26 and August 2.

Institute on the preadolescent child. New York State Conference on Social Work, Buffalo, October 20 and 21.

History of therapy in psychiatry. To Phi Lamba Kappa Fraternity, Buffalo, October 23.

Better parents. To Couples Club, Unity Church, Buffalo, November 20.

Discussion of paper on intelligence in industry. At the annual dinner, Industrial Relations Board, Buffalo, December 2.

Yost, Murray A.: Mental hygiene in everyday life. To high school and college department, Temple Beth Zion Sunday school, November 16.

CENTRAL ISLIP

Suratt, Theodore P.: Marriage and the family. Lecture at Hofstra College, Hempstead, October 9.

McLaughlin, Dorothy D.: The nurse and civil service; also mental hygiene and psychiatric nursing. Address as chairman, civil service committee, at the biennial convention of the New York State Nurses' Association, Hotel St. George, Brooklyn, October 20 and 21.

Rodgers, Arthur G.: A lecture on psychiatry with a demonstration of cases to 13 members of the abnormal psychology class of Long Island University, at Central Islip State Hospital, November 9.

CREEDMOOR

Buckman, Charles: Talk on general statistics and admission of patients to a New York State hospital. To 25 students from Queens College, Flushing, December 6.

Talk on general statistics and admission of patients to a New York State hospital. To students from Hofstra College, Hempstead, December 6.

Moore, Jack: Problems of cancer control in a State hospital. Paper read before Long Island Psychiatric Society at Creedmoor, October 21.

Bennett, Jesse L.: Alcohol and mental disease. Lecture to Good Citizenship League, Flushing, October 21.

Hall, Robert J.: Shock treatment in mental disease. Lecture to students at Queens College, Flushing, November 18.

Lecture and clinical demonstration of cases. To 40 students from Queens College, Flushing, December 6.

Lecture and clinical demonstration of cases. To students from Hofstra College, Hempstead, December 6.

Lehrman, Samuel R.: Bibliotherapy. Lecture to library chairmen of United Hospital Fund, New York City, November 12.

Brown, Marion C.: The value of occupational therapy and its part in the hospital program for the rehabilitation of patients. Talk to Women's Club of Jamaica, November 26.

GOWANDA

Gray, E. V.: Prevention of mental illness. Address to the Portland Community Health Group, November 5.

The ant and her ways. Before South Buffalo Kiwanis Club, December 1.

Mudge, E. H.: The diagnosis and treatment of senile and arteriosclerotic psychoses. Address to Cattaraugus County Medical Society, at the hospital, September 18.

Mental hygiene. Address to teachers from Jamestown and Chautauqua County, at the hospital, November 8.

Bohn, R. W.: Development and management of mental illness. Address to students in advanced psychology of Fredonia Normal School, at the hospital, July 17.

Metrazol and melancholia. Address to Buffalo Neuro-Psychiatric Society, at the hospital, September 6.

The use of metrazol in the psychoses. Address to Cattaraugus County Medical Society, at the hospital, September 18.

The problem of mild mental illness. Address to the Mental Hygiene Institute for Public Health Nurses, Buffalo, October 3.

Training for mental health. Before parent-teacher association, Dunkirk, November 12.

Marritt, H. D.: Mental hygiene problems. Address to Cattaraugus County Public Health Nurses, at the hospital, July 2.

Clinic activities at the hospital. Address to Cattaraugus County Medical Society, at the hospital, September 18.

Sustaining mental health. Address to the parent-teacher association at South Dayton, October 13.

Your mental hospital. Address to the Rotary Club of Olean, October 28.

Sustaining mental health. Address to the Cherry Creek Parent-Teacher Association, October 28. To the Southern Chautauqua Council of Parent-Teachers, at Clymer, November 13.

Tomlinson, P. J.: Psychoses with brain tumor. Case report presented at the hospital meeting of the Buffalo Neuro-Psychiatric Society, September 6.

Ozarin, Lucy D.: Metrazol in the psychoneuroses. Read before the Buffalo Neuro-Psychiatric Society at the hospital, September 6. Before the Tri-State Neuro-Psychiatric Association at Cambridge Springs, Pa., October 18.

Harlem Valley

Grover, M. M.: A lecture and demonstration clinic. To the sociology class of New Rochelle College.

Hudson River

Ross, John R.: How New York State cares for its insane. Talk to the Men's Club of the Trinity Methodist Church, Poughkeepsie, December 9.

Notkin, John Y.: Instruction in clinical neurology. To matriculates, New York Post-Graduate Medical School, Columbia University.

Wolfson, Isaac N.: Mental hygiene in the school. Paper read before the county teachers' conference, Hillsdale, Columbia County, September 29.

Adolescence and some of the problems; emotions and their relation to physical illness. Discussion at the Institute in Mental Hygiene for Public Health Nurses of Northern New York, Albany, November 13 and 14.

Kings Park

Wander, Maurice C.: A series of lectures on first aid. To the air raid wardens of the community, at the Smithtown High School.

Steen, Reginald R.: Causes of mental disease. Address to the Lions Club, Smithtown, October 28.

Manhattan

Travis, John H.: Address to graduating class of nurses, Creedmoor State Hospital, September 30.

Phillips, Arthur A.: Lecture and clinical demonstrations of psychiatric cases. To 75 second-year students of Cornell Medical School, December 19.

Davidson, Gerson: Clinical demonstrations of the various types of mental illness. To 127 students of Upsala College, East Orange, N. J., October 28.

Bloomfield, Maxwell I.: Lecture and clinical demonstrations of psychiatric cases. To 25 students of abnormal psychology, Hunter College, August 4.

Kusch, Ernest: Lecture and clinical demonstrations of psychiatric cases. To 35 students of Long Island University, November 19.

Allen, Benjamin L.: Lecture and clinical demonstrations of the organic psychoses. To 10 students of Skidmore College, school of nursing, December 3.

Gioscia, Nicolai: Lecture and clinical demonstrations of the organic psychoses. To 40 students of advanced psychology of the College of the City of New York, August 7 and 14.

Causative factors of psychoses. Lecture to 25 students of the department of psychology, New York University, November 22.

MARCY

Black, Neil D.: The emotion fear. Talk before the young peoples study group at the First Methodist Church, Rome, October 17.

What fear does to you. Talk over WIBX, November 3.

Schwartz, Donald K.: Functions of a State hospital. Talk before the Holland Patent Chapter of the D. A. R., September 13.

Bryan, L. Laramour: Mental hygiene clinics. Guest speaker at dinner meeting, Herkimer County magistrates, November 13.

MIDDLETOWN

Schmitz, Walter A.: A talk on the Middletown State Homeopathic Hospital. Before the meeting of the executive board of the State Charities Aid Citizens' Welfare Committee, at the hospital, June 16.

Functions of the hospital and its relationship with the community. Talk before the Port Jervis Rotary Club, October 15.

Functions of the hospital and its relationship with the community. Talk before the Middletown Rotary Club, November 17.

Kleiner, Solomon: Some of the emotional problems in children. Talk before the parent-teacher association of the Liberty Street School, Middletown, November 12.

Clinic and demonstration of cases. Before the ministers' association, December 2.

Zuger, Max: How to adjust ourselves in our environment. Talk before home bureau leaders, Kingston, October 22.

Moody, Ray W.: Work of a mental hospital. Talk before a meeting of the ministers' association of Middletown, at the hospital, December 2.

Faivre, Percival H.: The hospital clinic and community contacts. Talk before the meeting of the ministers' association, December 2.

Kleiner, Solomon: Clinic and demonstration of cases. Before the ministers' association, December 2.

Kelly, William E.: Scientific work of the hospital, the laboratory. Talk before the ministers' association, December 2.

Pilgrim

Bigelow, N. J. T.: Psychiatric evaluation of case work procedures. Paper read before the New York State Conference of Social Work, Buffalo, October 23.

Rochester

Veeder, Willard H.: Modern trends in institutional care of the mentally ill. Talk to theological students, July 31.

Slaght, Kenneth K.: Causes and symptoms of mental illness. Paper read to the institute for public health nurses, at the Eastman Dental Dispensary, Rochester, October 9 and 10.

Pollack, Benjamin: Methods of admission to and discharge from State hospitals. Paper read to the institute of public health nurses.

Hunt, Robert C.: The problem of human adjustment. Paper read to the institute for public health nurses.

English, William H.: The relationship of body and mind. Paper read to the institute for public health nurses.

Libertson, William: Treatment and prognosis of mental disorders. Paper read to the institute for public health nurses.

ROCKLAND

Carp, Louis (member of the board of visitors): Foreign bodies in the gastro-intestinal tract. Address before District No. 11, New York State Nurses' Association, at Rockland State Hospital, July 18.

Surgery in the aged. Address over WNYC, under the auspices of the Medical Society of the County of New York, October 16.

Thoracoscopy and pneumonolysis. Observations of 100 consecutive cases. Paper read before the section on surgery, New York Academy of Medicine, November 7.

Smith, James W. (member of the board of visitors): Hygiene of the eyes. Address over WOR, September 20.

Miller, Joseph S. A.: The history of psychology and psychopathology from primitive to modern times. Series of weekly lectures to staff members of the hospital.

Thompson, Walter A.: The training of the male occupational therapist. Paper read before the American Occupational Therapy Convention, Washington, September 3.

Occupational therapy for disturbed patients. Address before the hospital medical and occupational therapy staff, September 23.

Discussant at a round table conference. Meeting of the Research Council on the Problems of Alcohol, New York City, November 25.

Kleiman, Charles A.: Psychiatry and its contribution to selective service. Address before the Nyack Rotary Club, November 25.

Clardy, Ed Rucker: Introduction to child guidance clinic procedures. Lecture to the teaching staff of the Pearl River School, October 14.

Child guidance clinic facilities afforded by Rockland State Hospital. Address before the Spring Valley Rotary Club, October 29.

Illustrating psychiatric therapy in the children's group. Address before the psychology department of Hunter College, November 4.

Treatment of behavior disorders and psychotic children in the Rockland State Hospital children's group. Address before the field laboratory division of the Children's Education Foundation, New York City, an affiliation of New York University, November 5.

Treatment of behavior problems in a State institution. Lecture before the psychology department of the Long Island College, December 7.

Problems of the adolescent boy. Address before the boys of the Haverstraw High School, December 5.

The organization and function of the Rockland State Hospital children's group. Address before the department of psychology of Columbia University, December 3.

Goldensohn, Leon N.: Diseases of the nervous system. Address before students of Haverstraw High School, November 28.

Kaplan, A. Hillier: Series of lectures. To the adult mental hygiene class, Finkelstein's Memorial Library, Spring Valley: Heredity and environment, September 10; Emotional needs of child and parent, September 17; Guiding the adolescent, October 8; Personality and adjustment, October 15; The schizoid personality: the moody personality, October 22; The neurotic personality, November 5; War and psychiatry, November 12; Visit at hospital with demonstration of typical psychiatric patients, November 15; The outlook for psychiatry in this troubled world, November 19.

Handzel, Valerie: A paranoid syndrome in a child. Lecture before the psychology department of Hunter College, November 4.

St. Lawrence

Pritchard, John A.: Address to the graduation class of the Ontario Hospital, Brockville, Ontario, September 11.

Carson, William R. (with Samuel Feinstein): Lecture and clinical demonstration on organic and functional psychoses. To 30 members of Prof. Charles Rebert's summer school class in abnormal psychology, St. Lawrence University, Canton, at the hospital, August 6.

Brown, James E. (with Samuel Feinstein): Lecture and clinical demonstration on functional and organic psychoses. To 50 students of the State Normal School of Potsdam, who came to the hospital accompanied by Prof. John W. Maxey, head of the health and physical education department, July 26.

Feinstein, Samuel: See Carson, William R., and Brown, James E.

UTICA

Merriman, Willis E.: The operations of the State Department of Mental Hygiene. Address to the Women's Club at Oneonta, November 5 .

Helmer, Ross D.: Do we inherit mental disease? Radio address over WIBX, November 17.

McKendree, Oswald J.: Mental health. Address to the parent-teacher association, Kernan School, Utica, October 28.

Some practical psychiatric suggestions for the public health nurse. Address to 60 Department of Health nurses, Utica district, New York State Department of Health, at Hutchings Hall, Utica State Hospital, November 6.

Mental hygiene of the child. Address to the parent-teacher association, Oneida Castle, November 24.

Hamburger, Werner: Mental health and mental disease. Address to young married people's club of Westminster Church, Utica, December 4.

Schied, Eva M.: The place of the public health nurse in a mental hygiene program. Address to the Utica District of New York State Public Health Nurses' Conference, Utica State Hospital, November 6.

Kirkpatrick, Mabel: The Utica State Hospital—its place in the community. Address to the public health committee of the town of Root, Randall, August 27.

Sustaining mental health. Address to the lay nursing committee of the town of German Flats, Mohawk, October 21.

Working wives; concepts of marital adjustment. Address to the Business Girls Club, Y. W. C. A., Utica, November 4.

The public health nurse and the unadjusted adolescent. Address to the Utica District of New York State Public Health Nurses' Conference, Utica State Hospital, November 6.

Charles, Catherine: Mental hygiene. Address to the public health committee, Fultonville, November 25.

WILLARD

Keill, Kenneth: You've got to pay for that. Address at Ovid Central School, October 17.

Kilpatrick, O. Arnold: Lecture and clinical demonstration to summer class in mental hygiene from Cornell University.

The recognition and control of tuberculosis in mental hospitals. Address at Geneva Academy of Medicine, September 18.

Preserving our mental resources. Address to parent-teacher association, Irving School, Hornell, October 1.

Palmer, L. Secord: Lecture and clinical demonstration to class in abnormal psychology from Cornell University, December 11.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Barrera, S. Eugene: A series of 20 lectures on neuropathology. To members of the staff of the New York Hospital—Westchester Division, White Plains, from October 7 to December 11.

Harris, Meyer M.: A series of five lectures on endocrinology and metabolism in relation to neuropsychiatry. Part of the graduate course at the New York State Psychiatric Institute and Hospital, November 10 to December 8.

Hinsie, L. E.: Mental hygiene in high school. Read at the biennial convention of the New York State Nurses' Association, Brooklyn, October 20 to 24.

Twenty lectures to postgraduate students in neurology and psychiatry, Columbia University Medical School, October 6 to December 12.

Lectures to third and fourth year medical students, Columbia University.

Twelve lectures in clinical psychiatry to Presbyterian affiliated nurses (group 2), December 2 to December 24.

Two lectures on legal aspects of psychiatry to Presbyterian affiliated nurses (group 1), October.

Kopeloff, L. N.: The experimental production of chronic convulsive seizures in animals. (With S. E. Barrera and N. Kopeloff.) Presented before the Society of American Bacteriologists, Baltimore, December.

Landis, C.: The effects of an aging population upon mental hospital populations. Before the Psychiatric Society of the Metropolitan State Hospitals, Manhattan State Hospital, October 27.

Lewis, N. D. C.: Biopsychiatry or natural history of psychiatry: I. Constellations of constitutional factors in mental disease. Before Southern Med. Assoc., St. Louis, November 12.

Polatin, P.: Series of lectures and clinical demonstrations on principles of psychiatry to Neurological Institute affiliate student nurses, at the Psychiatric Institute, July, November and December.

Effects of fears and prejudices upon adult adjustments to the world situation. Address before the convention of public health nurses, Yonkers, November 18.

Shock therapy in psychiatry. Lectures to Presbyterian Hospital student nurses, at Psychiatric Institute, December 29 and 30.

Zubin, J.: The effect of electric convulsion therapy on memory. Before American Psychological Association, Evansville, Ill., September 5.

A quantitative approach to measuring regularity of "succession" on the Rorschach test. Before Eastern Psychological Association, Brooklyn, April 18.

Syracuse Psychopathic

Steckel, Harry A.: Mental hygiene of selective service. Radio address over WSYR under the auspices of the Onondaga Health Association, July 1.

Functions of the Syracuse Psychopathic Hospital. Talk before the Onondaga County Mental Hygiene Committee, October 2.

Medical procedures in selective service. General discussion at the meeting of the Neuron Club, October 11.

Causes of mental disorders. Talk to senior students in sociology at Solvay High School, October 15.

Some glaring examples of faulty "screening." Talk before draft board physicians of Onondaga and Cortland counties, October 16.

Psychiatric experiences of World War I. Address before medical reserve officers of 52nd and 152nd U. S. Army General Hospitals, October 20.

Types of problem people. Address before Y. W. C. A. Business Girls' League, October 21.

Care, treatment and prevention of mental disorders. Talk before senior students at Solvay High School, October 22.

The Syracuse Psychopathic Hospital. Talk before the Faculty Club of Syracuse University, October 23.

Fundamentals of military psychiatry. Before the medical reserve officers of U. S. Army General Hospitals, Nos. 52 and 152, October 27.

Metrazol shock therapy. Informal talk before Thursday Night (medical) Club, November 6.

The place of psychiatry in the national defense program. Address before Syracuse chapter, American Association of Social Workers, November 10.

Psychiatric aspects of selective service. Address before lay members of local draft boards of Cortland and Onondaga counties, December 15.

Davidoff, Eugene: Mental hygiene. Talks to student nurses at Syracuse Memorial Hospital, July 31 and November 6.

Mental hygiene and minor maladjustments. Radio address over WSYR under the auspices of the Onondaga Health Association, October 7.

Criminals and juvenile delinquency. Talk before the social studies group of the Solvay High School, October 8.

Early signs of schizophrenia. Talk before the draft board physicians of Onondaga and Cortland counties, October 16.

Treatment of adult offenders. Discussion of Dr. Ralph Brancale's paper at the Hotel Statler, Buffalo, October 22.

Child guidance psychiatry. Talk before the social studies group of the Solvay High School, October 29.

Child guidance problems and mental hygiene. Talk before the Ladies Auxiliary of the Onondaga County Health Association, Syracuse Memorial Hospital, November 4.

Mental hygiene aspects of public health nursing. Institute for Public Health Nurses of the Department of Health, Public Library, Syracuse, November 13 and 14.

Noetzel, Elinor S.: Mental hygiene of middle age. Talk to Women's Club of Lafayette Methodist Church, September 18.

The work of the outpatient department of the Syracuse Psychopathic Hospital. Talk before Onondaga County Mental Hygiene Committee, October 2.

Mental hygiene aspects of public health nursing. Institute for Public Health Nurses of the Department of Health, Public Library, Syracuse, November 13 and 14.

LETCHWORTH VILLAGE

Humphreys, Edward J.: Lecture course in mental hygiene, Washington Heights Health Center, New York City, October 8 and 15.

Lecture course: psychiatric aspects of organic problems in mental defect in children. Post-graduate course in neurology and psychiatry, Psychiatric Institute and Hospital, New York City, October 17 and 24.

Opportunity for modern medical work in the field of mental deficiency. Before a medical fraternity, College of Physicians and Surgeons, Columbia University, New York City, November 4.

The fields of mental deficiency and pediatrics in relation to present social needs. Before the pediatric section of the Connecticut State Medical Society, Southbury, Conn., November 5.

Heritability and educability of mentally defective and subnormal individuals. Joint seminar with George A. Jervis, M. D. At the symposium on nature and nurture, department of psychology, Columbia University, November 21.

Jervis, George A.: Metabolic disorders in mental defectives. Lecture before Brooklyn Academy of Pediatrics, November.

Phenylpyruvic idiocy. Lecture to the Mt. Sinai Pediatric Conference, November.

Heritability and Educability of mentally defective and subnormal individuals. Joint seminar with Edward J. Humphreys, M. D. At the symposium on nature and nurture, department of psychology, Columbia University, November 21.

Lecture course: psychiatric aspects of organic problems in mental defect in children. Postgraduate course in neurology and psychiatry, Psychiatric Institute and Hospital, New York City, October to December, 1941.

Newark State School

Witzel, A. E.: Mental deficiency and the work of the Newark State School. Talk to the Rotary Club, Newark, November 27.

Sirkin, Jacob: The current status of vitamins. Talk to the Business and Professional Women's Club, Newark, November 27.

Purdy, Melanie C.: Newark State School, its work and aims. Talk to Tecarnawimna Chapter, Daughters of American Revolution, Leroy, November 18.

Rome State School

Millias, Ward W.: What is mental deficiency? Radio talk over WIBX, July 21.

Morons, mental hygiene and medicine. Radio talk over WIBX, October 13.

Clinical presentation of Rome State School cases to sociology students from Colgate University, October 30.

SYRACUSE STATE SCHOOL

Rowe, Charles E.: The recognition of mental defectives. Talk before physicians of selective service boards, Syracuse.

Deren, S. D.: Nursing the mentally defective child. Lecture to nurses from Syracuse Memorial Hospital, August 19.

Psychology of the feebleminded. Lecture to Syracuse University students, department of child psychology, October 31.

Social control of mentally deficient. Lecture before students of the department of sociology, Cornell University, November 6.

The function of a State school for mentally deficient children. Talk before the First Presbyterian Church congregation, November 6.

Reactions of the mentally defective in health and disease. Lecture to student nurses, Syracuse Memorial Hospital, November 13.

The feebleminded child. Lecture to students of the psychology department, Syracuse University, November 18.

What a public health nurse should know concerning mental deficiency. Lecture to a group of public health nurses, Syracuse University, November 28.

Bickle, E. H.: Discussion of the more common types of psychoses. Lecture to a class attending summer school, Syracuse University, Syracuse.

WASSAIC STATE SCHOOL

Wearne, Raymond G.: The causes and development of mental deficiency. Talk before Pawling Rotary Club, November 3.

CRAIG COLONY

Shanahan, William T.: Diagnosis of epilepsy. Discussion at seminar on practical psychiatric diagnosis, for members of medical advisory and army induction boards, Buffalo, July 22.

ADMINISTRATIVE OFFICES

Statistical Bureau

Pollock, Horatio M.: Alcohol and mental disease. State convention of W. C. T. U., Kingston, October 25.

Increase of patient population. Discussion at meeting of the Psychiatric Society of New York State Hospitals at Manhattan State Hospital, October 27.

EDITORIAL COMMENT

AFTER THE WIND, THE WHIRLWIND

America has reluctantly and belatedly commenced to wage a war necessary in her self-defense. But, entered reluctantly or no, war releases in all participants great forces of violence which must be curbed or redirected in peace time. What of these forces when the fighting in World War II ends?

We may anticipate, since no past war has ended in a wholly just peace, that some of the aggression now uncurbed will find expression at the peace table. Since workers in the psychiatric field will not write the new peace treaties, this is something which they, as members of a profession, may expect to do little about. But there will be a field of postwar aggression in which psychiatry as such should find itself directly concerned.

It is reasonably safe to say that every major war of which history has preserved records has been followed by a period of brutality and social unsettlement, although aggression has taken widely various forms—the enslaving and suppression of conquered peoples, quarrels of the victors over the spoils—in America's own history, individual lawlessness, diverted in our early days to the frontiers, after the Civil War to the "Wild West," and after World War I to the convenient channels afforded by the unfortunate experiment of national prohibition and the development of "rackets." When men return from the new war, from the steppes, from the jungles, from the ruined continent of Europe, and from the high seas, what is to be done about their now-uninhibited aggression?

This is a matter of vast concern to psychiatry, for workers in the psychiatric field will be virtually the only persons who can view this aggression without moralizing, preaching, denouncing, or seeking the release of new aggression in its turn by demands for more drastic punishments. There will as certainly be complaint of the breakdown of public and private morals, of the callousness exhibited by former fighters, of the "restlessness" and "unwillingness to work" of demobilized men, of the general ruin of society, as there was complaint of these things after the last war.

Yet perhaps some of these natural consequences of war could be averted or modified if those in position to take thought were to do so, amidst unslackened effort to win the war, about some of the phenomena which may be expected to follow victory. In taking such thought, psychiatry certainly should look to its own house first. For psychiatry, like general medicine and surgery, is not without its own share of aggression. And there are signs that, while the world is in turmoil, psychiatry's aggression, too, is seek-

ing outlet. At least in fields which ought to be psychiatry's concern, if not within the profession itself, there are signs to make the thoughtful uneasy.

A Middle Western prison warden demands that "sex offenders" submit to castration to obtain paroles. A surgeon from a state in which the practice is legal in certain institutions publishes a scientific paper in the contention that the operation is valuable for "the protection and benefit" of the "highly emotional" mental defective and that its stabilizes "the potential sex criminal so that he is a far less threat to society after parole than before operation." In Great Britain, a distinguished and highly-placed psychiatrist touches on another aspect of the problem of reproduction by recommending the legalization of voluntary sterilization for mental defectives and mentally-abnormal persons "of the neurotic type."

It is submitted that weapons of the most dangerous character are being handled here. We have all seen with horror how a great nation, impotent against its military conquerors, turned its aggression to sadistic outrages against the helpless ancient people of the Jews. It is not beyond possibility that greater nations—if without scientific guidance—could turn their aggression into acts of sadism against the unfortunate of their own peoples. The matter is small as yet; so was Naziism in Munich beer hall days; and psychiatry cannot afford to neglect—on the grounds that the seeds of sadism have barely taken root—either public ignorance or fanaticism in psychiatry's own field.

Psychiatry knows, or should know, for example, that the idea that castration is a safeguard against sex crime is based on ignorance—on the naïve theory that the effects of castration on man, with his highly complex psychic organization, should be the same as those on a stallion or a bull. German statistics of days before the present war have cast much doubt on, if they have not refuted altogether, the view that castration reduces likelihood of sex crime; and American studies could be cited for agreement. It should be noted here that present American subjects for this benevolent practice include, not only non-criminal idiots and imbeciles, but morons.

Dr. Charles Bernstein has spoken eloquently for the rights of the moron. In our civilization, the moron performs a useful service in undertaking menial but necessary tasks. Like the poor, he has always been with us, perhaps in former times in greater proportion than now. Until he was "discovered" and named a generation ago, he was not distinguished from other humble citizens who would dig a ditch or split a load of fire wood and be glad to earn the wage. And while the moron may be led into crime by evil companions, he is more often a good citizen.

As for sterilization, whether for morons or others, we know too little as yet to advocate its general application. It might be possible to sterilize

out of our national germ-plasm such conditions as Huntington's chorea and hemophilia, but we know too little about the inheritance of mental defect to apply sterilization in any but the lower grades of that condition, where likelihood of procreation is least. In the case of otherwise normal persons of "the neurotic type," we have some reason to assume that a marriage of severe psychoneurotics is likely to produce an environment in which their children will become neurotic. But no evidence is generally accepted that either the psychoneuroses or any other functional mental disease is transmitted through the genes. In the absence of convincing evidence to this effect, there seems little reason to resort to sterilization where parental education and treatment are what seem to be indicated.

It is a not pleasant but not impossible event of the future that what we once heard as, "We superior Nazis must destroy the Jews," may be echoed by, "We of superior intellect must destroy our inferiors." Since we do not have the scientific grounds to undertake destruction of this kind, such a program could be regarded only as a result of ignorance or sadism—initiated, of course, by totalitarian ideals.

This discussion is not to suggest that any worker in the psychiatric field neglect the great task of today in concern for what is only a possible problem of tomorrow. But outbursts of sadism—of which there already seem indications—are certainties after this war; and if those who work in psychiatry, the psychiatrist himself, the social worker, the psychiatric nurse, the informed hospital attendant, can take it upon themselves to combat brutality and fanaticism wherever they encounter them, it may be possible to cushion somewhat the inevitable shock at the war's end. Needless to say, with aggression loose in the world, their first need is to look within and curb it in themselves. There will be an overwhelming task later to curb it in our now uninhibited fighting men.

BOOK REVIEWS

William Henry Welch and the Heroic Age of American Medicine. By SIMON FLEXNER and JAMES THOMAS FLEXNER. 539 pages. Cloth. The Viking Press. New York. 1941. Price $3.75.

In attempting to summarize the career of William H. Welch, it is not easy to choose, among his outstanding qualities, which one should be placed first. One has a feeling, after perusing his just published biography, that history would have recorded his life and achievements had he gone into some other field of activity than medicine; that his far-sightedness and leadership in medicine at a critical period of its history was incidental and that his native qualities would have spelled success elsewhere. So completely did he dominate the field of medicine, however, that it is difficult to think of him as, perhaps, a statesman or an astronomer, although his personal qualities were such that he could have achieved enduring reputation in any productive field to which his interest might have turned.

It is fortunate for the world and for the present and future of medical science that Welch's taste turned in that direction, although as a student in Yale he seriously thought of becoming a professor of Greek and would have accepted such an opportunity had it been offered. Even when he had decided to study medicine and was a student in New York, he did not look forward to the life of a general practitioner. His ambition was to teach. The academic halls of Yale had been a congenial place to him. He loved the quiet routine, the opportunity for study and original investigation.

When he began his medical studies, the preceptorial method was still in vogue, although it had been changed a good deal from what had formerly been practically an apprenticeship of the young man to a successful practicing physician. The medical colleges, nevertheless, were still giving only finishing or "refresher" courses of two years. The student was supposed to have learned the little that could be taught him, and the medical colleges only attempted, in two six months winter courses, to give practical anatomy and to review and coordinate the instruction which the embryonic doctor had been receiving for several years in his daily contacts with his preceptor. The colleges, however, were holding clinics and affording to the student a wider view of diseases and their treatment, although there was for the latter almost no fundamental knowledge for guides. Treatment was almost wholly empirical and individual. There was as little agreement about it as there was about the nature of the diseases themselves.

Upon completing the course and being graduated from the College of Physicians and Surgeons, then only nominally a department of Columbia University, Welch obtained an interneship in Bellevue Hospital. Already, he had been stimulated by Seguin's lectures on neurology. He was attracted to neurology because there was less speculation and more precise knowledge to explain the symptoms than in sickness in general. Symptoms could be determined to be the result of lesions which could be identified and located. This was not true of most diseases. Seguin had offered a prize for the best prepared notebook, covering his course of lectures. It was won by Welch; and the prize proved to be a serviceable microscope, something that few doctors in those days owned or knew how to use. This valued possession, doubtless, to a large extent, determined his interest in pathology and bacteriology. During his medical course and interneship, Welch became more and more impressed with the deficiencies of medical education in American colleges. Viewing medicine of that day from the standpoint of a teacher, which was his bent and natural talent, he listened eagerly to what was told him by physicians returning from Germany and France of the teaching done in the clinics and laboratories of those countries. He learned from Abraham Jacobi a good deal about the German universities and from Seguin of such opportunities as were to be found in Paris. It was quite natural, therefore, when his interneship had been completed, that he joined the pilgrimage of students, small in number, but earnest and diligent, who left each year for the hospitals of Britain and the Continent to find clinical opportunities greater than could be had in New York. He went first to Strasbourg where he devoted himself to a course in pathology under von Recklinghausen who was already a distinguished teacher and had been a pupil of Virchow. Welch was delighted with what he found at Strasbourg —laboratories for histology, pathology and physiological chemistry, directed by some of the best teachers of Germany. He learned with satisfaction that the professors remained all day in the laboratory in contact with the students and did not carry on general medical practices, as was customary in America. At Leipzig, he gained, under Professor Ludwig, an understanding of the apparatus and methods of study of modern physiology. In Germany, he had the good fortune to become acquainted with Billings, who was to influence his career profoundly at a later date.

Upon returning to New York from Germany, Welch engaged in private laboratory work and lectured upon pathology and bacteriology, but he had no regular college appointment. Early in 1878, he applied to Delafield for permission to give some practical courses in pathology to be taught in a

pathological laboratory. His request was granted, with the proviso that he must find in the building a suitable room which could be fixed up as a laboratory. When he searched the building thoroughly but could find no suitable place for setting up laboratory equipment, he informed Delafield, who could give him no further help. There had never been a laboratory in the College of Physicians and Surgeons and, evidently, one was not thought necessary. Welch then turned to Bellevue Medical College and, after much negotiating with several of the faculty members, he finally obtained space suitable for a pathological laboratory. This consisted of three rooms furnished with kitchen tables. However, there was no equipment, and little concern was felt by the authorities of the school for its provision. Having succeeded in collecting six microscopes, Welch started in with six students. Since the students had received no previous instruction in pathology, he had to begin with frogs to demonstrate embryonic tissues—and go out himself and capture the frogs in the marshes.

During this time, he was becoming acquainted in the best medical circles in New York, was taking part in discussions at the medical gatherings and gaining a reputation as an authority on pathology. When his first class in microscopy ended, he was surprised at the large number of applications he received to start a second class. Soon, the College of Physicians and Surgeons was desirous of starting a pathological laboratory in which every student would be required to work—Welch to be the professor. However, Welch felt himself to be under obligations to Bellevue Hospital Medical College and did not encourage the College of Physicians and Surgeons plan. He still had his eyes fixed on Johns Hopkins, which had not yet organized its faculty, having been delayed by financial difficulties.

President Gilman of Johns Hopkins University was on the lookout for teachers who met the exacting requirements for professorships in the new school. He was unhurried in this search and was ready to go to any country where such superior men could be found. Billings had recommended Welch for a professorship in pathology when the selection was finally to be made and had advised him in the meanwhile to return to Germany for another year, so he might do some original work in pathology in the laboratory of Cohnheim. In Germany, he did a brilliant piece of work on edema of the lungs which so pleased Cohnheim that he induced him to publish his results in a 40-page article in Virchow's Archives.

Welch was engaged with private students and private pathology work in New York when he received his call from Johns Hopkins. He was the first

full-time professor selected. Two of the science professors in the university had been assigned to teach in the medical school, but upon Welch's shoulders, to a large extent, fell the selection of the medical faculty. This is all the more remarkable when it is remembered that he was at that time a relatively young man. It was at Johns Hopkins that he achieved the work which gave such luster to his name in this generation—a luster which will go down in history. In 1930, there was a celebration of his 80th birthday which was not only nation-wide but world-wide and which gave an indication of the high esteem in which he was held in medical circles for his contributions to teaching and to science. Exercises were held simultaneously in the London School of Hygiene and Tropical Medicine, in the Pasteur Institute at Paris, by the Health Section of the League of Nations in Geneva, by the Chinese physicians in the Peiping Union Medical College and at the Kitasato Institute in Tokyo, at all of which his accomplishments were praised and gratitude expressed for what he had done for hygiene and tropical medicine. At Norfolk, Conn., his home town, relatives and friends gathered in the town library to listen to the proceedings transmitted by radio. Likewise, in Yale University, a group of his older and newer friends gathered about the radio for the same purpose. Fifty-five years before, when he had been a student in New Haven, hardly anything that was being talked about at those 1930 gatherings had ever been heard of.

Perhaps as remarkable as his scientific accomplishments was the high regard and affection in which Welch was held by former students and colleagues who looked upon him as their leader. The simplicity of his character, his enjoyment of simple pleasures and his persuasiveness in debate were as outstanding as were his scientific achievements. He was the beloved teacher. His students and associates referred to him as "Popsy" Welch; and, while to the world he was the professor, to those who knew him well, the term of endearment came naturally when thinking of him. Yet he lived rather a lonely life. Although he gave abundantly of his service, he gave of himself but little, even to those whom he loved most.

The present biography will surely be found in every library which professes to be modern and progressive. It is more than the life history of a remarkable leader. Welch's life, covering as it did the period marked by the organization of modern medicine and the establishment of the modern medical schools, will make his name one always to be remembered as that of a man who not only interpreted medical science to the medical profession, but directed its teaching away from theory and speculation into practical channels.

The Fold-Ups, Art Metal Work with a Stick. An Original Technique Requiring Few Tools. By LOUIS J. HAAS. Published by the author, New York Hospital—Westchester Division, White Plains, N. Y. 1941. Price 75 cents.

This is a unique book, designed to eliminate two things that have kept many from undertaking art metal work as a hobby, noise and cost of equipment. Fold-Ups need not be planished and, therefore, can be produced noiselessly.

A "Fold-Up" tool can be made at no cost, from waste wood, and this is the only indispensible tool. This book sets forth its information in a progressive, graphic manner. Designed for self-instruction, it is of practical use for the home-bound and the handicapped.

While experimenting blind-folded the author produced the first "Fold-Ups." Study of further possibilities for the elimination of tools brought about the realization that in overcoming a handicap, a new and interesting technique had been developed.

To aid all who desire to adjust this craft to the needs of those who see through the sense of touch, a supplement is added.

It's Fun to Make Things. By MARTHA PARKHILL and DOROTHY SPAETH. 176 pages. A. S. Barnes and Company, 67 West 44th Street, New York. 1941. Fabric binding. Numerous illustrations and index. Price $2.00.

The authors are proprietors and originators of the Crater Club Day Camp at Essex, N. Y. This book was written primarily for children but will be found useful, without adaptation, to occupational therapy classes in State institutions. Complete instructions are given for making numerous articles which require only the simplest tools. Numerous illustrations show the beginning and progress of a project and its appearance when completed. Materials worked with are wood, metal, raffia, pottery, leather and paint. Hundreds of line cuts and photographs lend attraction to the pages. A great deal of artistic skill is shown in the designs and in the illustrations.

The book is recommended to the attention of teachers of occupational therapy in institutions and Y. W. C. A. classes, as well as public schools. Several copies might be placed in each such shop for convenient reference by the students.

NEWS AND COMMENT

DR. SOPER NEW KINGS PARK SUPERINTENDENT

Dr. Arthur E. Soper, first assistant physician at Pilgrim State Hospital since 1932, was appointed superintendent of Kings Park State Hospital, by Commissioner Tiffany, effective January 15, 1942. Dr. Soper, born in Northport, N. Y., in 1882, took his medical degree at the College of Physicians and Surgeons in 1907. His first experience in State mental hospital service was as a worker in the Kings Park laboratory during vacation periods at Columbia, and he served an interneship there after graduation. After general hospital and private practice, he returned to the State hospital service in 1911 and, except for service in the United States Army Medical Corps in the first World War, has been with New York mental hospitals ever since.

BOOKS OF INTEREST TO PSYCHIATRIC WORKERS

A number of books of interest to psychiatric social workers, psychiatric nurses and other non-medical personnel in the field were reviewed in the January, 1941, issue of THE PSYCHIATRIC QUARTERLY.

"Adolf Hitler's 'My New Order'—A Critical Review" is an article discussing from the psychiatric point of view the compilation of Hitler's speeches and world comment on them from 1922 through last June, as edited by Raoul de Roussy de Sales. Irving Stone's "Clarence Darrow for the Defense," is reviewed extensively from the viewpoints of Darrow as a man, as a citizen, as a fighter for the underdog and as a maker of history in medical forensics. "Behind the Mask of Medicine," by Miles Atkinson, M. D., F. R. C. S., "Doctors Don't Believe It—Why Should You?" by August A. Thomen, M. D., and "Dark Legend, a Study in Murder," by Frederic Wertham, M. D., are all of interest beyond the narrow field of medical specialization. "The Advancing Front of Medicine," by George W. Gray, and "The March of Medicine. New York Academy of Medicine Lectures to the Laity 1941," are two other volumes designed primarily for reading by the intelligent and well-informed layman or field worker, rather than by the medical man.

ON THE RORSCHACH METHOD

Of interest to social workers and psychologists, are two unusual articles in the January PSYCHIATRIC QUARTERLY, "The Rorschach Method and Its Uses in Military Psychiatry," by Capt. James A. Brussel, M. C., U. S. A., and Pvt. Kenneth S. Hitch, M. C., U. S. A., and "A Comparative Table of the Main Rorschach Symbols," by Zygmunt A. Piotrowski, Ph.D. These articles are illustrated with colored reproductions of the Rorschach cards, so that the reader unfamiliar with the method may follow the text as well as the person to whom the cards are familiar. The two articles, taken together, constitute an introduction to the Rorschach method, its principles and its administration, and could be used as a primer in giving instruction in the method. With the colored illustrations, the two articles have been reprinted, bound as a single, paper-covered pamphlet, and a limited number are available for sale to students, teachers and others interested. The pamphlets are priced at 50 cents each; and remittances should accompany orders to The State Hospitals Press, Utica State Hospital, Utica, N. Y.

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DR. GEORGE A. SMITH IS DEAD AT 84

Dr. George A. Smith, psychiatrist in the State service for half a century, who retired as superintendent of Central Islip State Hospital in December, 1932, died in Garden City on January 6 at the age of 84.

Dr. Smith, superintendent of Central Islip since its organization in 1895, saw the institution grow from a collection of straggling frame buildings to one of modern brick construction, housing more than 7,000 patients. Dr. Smith was best known to his profession as a progressive administrator. He was a pioneer in the use of occupational therapy in mental hospitals. To the general public, Dr. Smith was widely known as a member of the Governor's commission which determines the sanity of persons condemned to death in Sing Sing. He served on that body for 17 years, examining, among others, Francis Crowley, Ruth Snyder and Judd Gray.

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ORTHOPSYCHIATRIC ASSOCIATION MEETING

The American Orthopsychiatric Association will have its nineteenth annual meeting on February 19, 20 and 21, at the Hotel Statler, Detroit. Dr. Helen P. Langner, Vassar College, Poughkeepsie, chairman of the publicity committee, will send copies of the preliminary program on request.

DEATH OF DR. MENAS S. GREGORY

Dr. Menas S. Gregory, one of the best-known figures to the general public of any in the field of American psychiatry, dropped dead on November 1, 1941, while playing golf with a friend in Tuckahoe. He was 63.

Born in Armenia, he came to this country about 1890 under his stepfather's name of Burgurkian, borrowed the money to go through medical school and shortly after graduation entered psychiatry, serving an internship in the New York State hospital service. He changed his name to Gregory, the Americanized form of his own father's name, Gregorius.

Dr. Gregory was an innovator, a campaigner, a vigorous, practical administrator, and the $4,000,000 mental hospital finally opened at Bellevue in 1933 followed a campaign conducted for many years during which he held the position of head of the Bellevue psychiatric staff. Dr. Gregory is perhaps best known to the general public through the disagreement with New York City's new commissioner of hospitals, Dr. S. S. Goldwater, which followed shortly after the opening of the new Bellevue building and which was featured by a later-withdrawn libel suit; through his testimony as a psychiatrist at many well-known criminal trials; and through his numerous outspoken pronouncements on various problems of public health in general, as well as psychiatry.

DR. TALLMAN TAKES MICHIGAN JOB

Dr. Frank Ford Tallman, who has been a visitor in recent months at many of the hospitals of the New York State Department of Mental Hygiene in his capacity as director of the parole and family care study being made for the New York Temporary Commission on State Hospital Problems, became mental hygiene director of the state of Michigan on January 1, 1942.

In Michigan, Dr. Tallman is directing a program which includes: organization, supervision and coordination of the state's child guidance clinics; establishment, supervision and coordination of a boarding and colony program; coordination and expansion of outpatient clinics; and development of a state-wide mental hygiene educational program. Dr. Tallman left the post of director of clinical psychiatry and director of the children's group at Rockland State Hospital to take the Michigan position. He had been on leave of absence from Rockland to direct the New York parole and family care study.

NEW PSYCHIATRIC PAVILION OPENS

Montefiore Hospital for chronic diseases, in the Bronx, has opened a new psychiatric pavilion under the direction of Dr. S. Bernard Wortis, as chief of the division of neurology and psychiatry. It has a capacity of 50 beds. Prior to the opening of the pavilion, hospital authorities announced that they faced a pressing problem in obtaining graduate nurses with psychiatric training. THE SUPPLEMENT is not informed of whether this condition still exists.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JANUARY 1, 1942

Patient population:		
Civil State hospitals:		
In hospitals	72,619	
In family care	1,179	
On parole	8,305	
		82,103
Dannemora and Matteawan		2,779
Licensed institutions for mental disease		*5,251
Institutions for mental defectives:		
In institutions proper	13,681	
In colonies	1,605	
In family care	576	
On parole	2,196	
		18,058
Licensed institutions for mental defectives		*531
Institutions for defective delinquents		1,804
Craig Colony for epileptics		2,546
Total		*113,072
Certified capacity of civil State hospitals		63,191
Certified capacity of Dannemora and Matteawan		1,791
Certified capacity of institutions for mental defectives		11,713
Certified capacity of Craig Colony for epileptics		1,990
Medical officers in civil State hospitals		407
Medical officers in institutions for mental defectives		50
Medical officers in Craig Colony for epileptics		12
Employees in civil State hospitals		16,545
Employees in institutions for mental defectives		2,986
Employees in Craig Colony for epileptics		512

*Subject to correction.

Movement of Employees in the Civil State Hospitals During the Six Months Ended December 31, 1941

State hospitals	In service July 1, 1941			Engaged			Left service			In service December 31, 1941			Vacancies Dec. 31, 1941,			Number of patients, excluding paroles, Dec. 31, 1941, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
Binghamton	16	393	260	2	76	39	..	73	39	18	396	260	..	18	13	156.5	7.1	4.2
Brooklyn	26	703	260	9	220	31	5	198	27	30	725	264	3	5	27	114.0	4.7	3.4
Buffalo	11	309	208	1	114	22	..	113	18	12	310	212	4	16	13	203.8	7.9	4.6
Central Islip	31	941	358	7	297	57	3	253	39	35	985	376	9	139	44	210.3	7.5	5.3
Creedmoor	25	648	326	1	207	58	1	191	63	25	664	321	2	24	23	186.3	7.0	4.6
Gowanda	12	311	213	3	89	22	2	81	21	13	319	214	2	31	19	186.5	7.6	4.4
Harlem Valley	17	626	288	6	172	44	3	171	48	20	627	284	4	33	16	231.7	7.4	5.0
Hudson River	24	646	402	2	134	41	1	143	40	25	637	403	3	40	12	185.8	7.3	4.4
Kings Park	27	842	444	5	245	72	2	240	65	30	847	451	..	..	..	209.2	7.4	4.7
Manhattan	19	408	326	1	117	28	1	101	39	19	424	315	..	..	..	150.9	6.8	3.8
Marcy	15	334	260	1	144	44	1	130	51	15	348	253	2	16	17	172.1	7.4	4.2
Middletown	17	471	238	..	106	21	..	98	18	17	479	241	4	41	13	204.1	7.2	4.7
Pilgrim	39	1,293	471	9	420	93	4	505	100	44	1,208	464	..	..	..	208.2	7.6	5.3
Psy. Inst. and Hosp.	13	85	161	5	11	16	5	10	15	13	86	162	7	1	2	11.0	1.7	0.5
Rochester	16	453	201	1	86	17	1	86	18	16	453	200	2	27	23	195.3	6.9	4.7
Rockland	34	949	439	6	392	80	3	397	67	37	944	452	2	111	22	188.1	7.4	4.9
St. Lawrence	10	309	229	..	106	11	..	95	6	10	320	234	6	11	10	210.3	6.6	3.7
Syracuse Psy. Hosp.	4	56	24	..	20	2	..	22	3	4	54	23	..	6	1	12.5	0.9	0.6
Utica	12	258	220	1	84	20	1	84	21	12	258	219	1	13	12	152.2	7.1	3.7
Willard	13	413	287	1	93	65	2	94	58	12	412	294	5	17	14	236.7	6.9	4.0
Total	381	10,448	5,615	61	3,133	783	35	3,085	756	407	10,496	5,642	56	549	281	188.7*	7.1*	4.5*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE SIX MONTHS ENDED DECEMBER 31, 1941, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING DECEMBER 31, 1941

State hospitals	Census, July 1, 1941	Admissions				Discharges								Census, Dec. 31, 1941	Certified capacity	Overcrowding	
		First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Died	Transferred	Total			Number	Per cent
Binghamton	3,049	193	49	4	246	67	45	25	6	13	99	5	260	3,035	2,391	356	14.9
Brooklyn	4,395	1,192	280	6	1,478	182	175	142	18	..	428	474	1,419	4,454	2,603	815	31.3
Buffalo	2,699	265	63	10	338	56	26	24	16	3	100	23	248	2,789	1,942	478	24.6
Central Islip	8,191	469	156	31	656	126	155	49	24	10	221	24	609	8,238	6,443	816	12.7
Creedmoor	5,097	466	108	8	582	131	69	47	11	1	203	22	484	5,195	3,904	753	19.3
Gowanda	2,752	207	62	12	281	69	43	28	15	12	75	10	252	2,781	2,228	87	3.9
Harlem Valley	4,822	208	42	115	365	15	48	52	9	6	102	9	241	4,946	3,972	523	13.2
Hudson River	4,781	227	111	111	449	69	45	46	12	10	148	12	342	4,888	4,131	379	9.2
Kings Park	6,867	488	148	127	763	99	149	35	10	4	173	54	524	7,106	5,390	878	16.3
Manhattan	3,062	637	72	2	711	129	34	37	16	..	340	46	602	3,171	2,866	..	..
Marcy	2,863	269	60	11	340	45	69	35	18	16	143	10	336	2,867	2,140	396	18.5
Middletown	3,533	114	57	161	332	36	19	33	20	1	91	6	206	3,659	2,780	499	17.9
Pilgrim	10,008	636	130	66	832	217	118	52	27	11	324	33	782	10,058	7,831	1,257	16.1
Psy. Inst. and Hos.	154	126	24	2	152	33	38	34	40	5	..	2	152	154	210	—67	..
Rochester	3,367	203	65	5	273	34	39	38	7	11	117	3	249	3,391	2,740	348	12.7
Rockland	7,874	653	197	24	874	155	179	149	30	8	220	20	761	7,987	5,768	1,144	19.8
St. Lawrence	2,225	146	36	2	184	73	14	12	11	..	62	2	174	2,235	1,721	300	17.4
Syracuse Psy. Hos.	66	276	87	..	363	50	34	66	46	66	5	112†	379	50	60	—10	..
Utica	2,078	182	59	7	248	55	54	37	9	16	94	8	273	2,053	1,552	209	13.5
Willard	3,068	159	32	4	195	22	47	36	6	10	95	1	217	3,046	2,519	267	10.6
Total	80,951	7,116	1,838	708	9,662	1,663	1,400	977	351	203	3,040	876	8,510	82,103	63,191	9,505*	15.1*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

†Committed to other institutions.

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1941

State institutions	In service July 1, 1941			Engaged			Left service			In service Dec. 31, 1941,			Vacancies Dec. 31, 1941,			Number of patients, excluding paroles, Dec. 31, 1941, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental defectives:																		
Letchworth Village	14	500	205	2	204	34	1	190	28	15	514	211	1	..	21	275.6	8.0	5.6
Newark	8	299	172	..	55	24	..	46	17	8	308	179	1	23	5	331.6	8.6	5.4
Rome	9	494	202	1	67	34	2	65	16	8	496	220	6	15	20	437.4	7.1	4.8
Syracuse	6	132	127	..	17	9	..	12	7	6	137	129	..	10	10	161.8	7.1	3.6
Wassaic	12	524	273	1	222	47	..	217	47	13	529	213	1	53	24	354.2	8.7	6.1
Total	49	1,949	919	4	565	148	3	530	115	50	1,984	952	9	101	80	317.2	8.0	5.3
Craig Colony for Epileptics	12	290	209	..	74	16	..	73	16	12	291	209	1	26	10	191.3	7.9	4.5

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE SIX MONTHS ENDED DECEMBER 31, 1941, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING ON DECEMBER 31, 1941

State institutions	Census, July 1, 1941	Admissions				Discharges							Census, Dec. 31, 1941	Certified capacity	Overcrowding in institutions	
		First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Died	Transferred	Total			Number	Per cent
State Schools for Mental Defectives:																
Letchworth Village	4,556	248	25	2	275	101	45	28	..	22	2	198	4,633	3,178	757	23.8
Newark	3,188	99	10	7	116	43	26	..	..	27	..	96	3,208	1,874	373	19.9
Rome	3,918	92	21	2	115	57	25	..	..	22	1	105	3,928	2,440	60	2.5
Syracuse	1,362	42	..	..	42	25	4	..	..	1	..	30	1,374	677	—97	..
Wassaic	4,895	195	13	1	209	125	28	4	..	29	3	189	4,915	3,544	875	24.7
Total	17,919	676	69	12	757	351	128	32	..	101	6	618	18,058	11,713	1,968	16.8
Craig Colony for Epileptics	2,568	113	14	..	127	39	55	..	..	55	..	149	2,546	1,990	306	15.4